Underwriting Questionnaire **Liver Enzymes**

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ΗН	Truist	Lite	Insurance	Services

Producer Name	. Phone Date			
Client Name	_ Date of Birth			
☐ Male ☐ Female Face Amount	N	lax Premium \$	/yr.	
☐ Term ☐ Permanent Has the client ever	used any form of tobacco	cigarettes, cigars, pipe, snu	uff, etc.)? □Yes □No	
Frequency	Date of last use	Туре	2	
Details of recent liver enzyme function tests				
Date G	GTP	AST/SGOT	ALT/SGPT	
How long has the client had elevated liver functions If there is a prior history of elevated liver function te		ılts been	ondition recently diagnosed	
Is there any known cause for the elevated liver func	tions?	· 		
Alcohol usage □No □Yes (provide frequency,	quantity, type)			
Have the following tests been completed for the clip	Abnormal (date) Results_		
Name of Medication (prescription or otherwis	e) Dates Use	d Quantity Tak	en Frequency Taken	

List any other major health problems the client has:

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