PINNEY
INSURANCE CENTER, INC.

A LifeMark Partner

Providing all the tools for your success

ELEVATED LIVER FUNCTION TESTS QUESTIONNAIRE

Agent: Phone: Fax:

Proposed Insured Name: _____ ❒ M ❒ F Date of Birth: _____
Face Amount: _____ Max. Premium: $_____/year ❒ UL ❒ WL ❒ Term ❒ Survivorship
Do you currently smoke cigarettes? ❒ Y ❒ N If no, did you ever smoke: ❒ Never ❒ Quit (Date): _____
Do you currently use any other tobacco products (e.g. cigars, pipe, snuff, nicotine patch, Nicorette gum...): ❒ Y ❒ N
If Yes, please provide details: _____
When did you last use any form of tobacco: _____ (Month) _____ (Year) Type used last: _____

(1) Please provide results of recent LFT's:

Date	GGTP	AST/SGOT	ALT/SGPT	CDT (+ / -)

(2) How long has the individual had ELFT's? ❒ ____ (months) ____ (years) ❒ Conditions *recently* diagnosed

(3) If there is prior history of elevated liver function test results, have these results been:

❒ Stable ❒ Increasing ❒ Decreasing ❒ Fluctuating up and down ❒ Unknown

(4) Is there any known cause for the elevated liver functions? ❒ No ❒ Yes, the diagnosis is: _____

(5) Does the proposed insured consume any alcohol? ❒ No ❒ Yes Please describe usage: _____
(frequency, quantity, type)

_____

(6) Has there been a positive alcohol marker test? ❒ No ❒ Yes If Yes, Date? _____

(7) Have the following tests been completed for the proposed insured?

a) Hepatitis Panel (A, B, C)	❒ Normal - Date: _____	❒ Abnormal - Date: _____
b) Liver Ultrasound/CT/MRI	❒ Normal - Date: _____	❒ Abnormal - Date: _____
c) Liver Biopsy	❒ Normal - Date: _____	❒ Abnormal - Date: _____

(8) Is the proposed insured aware of any other medical issues? If so, please describe:

_____

_____

_____

(9) Does the proposed insured take any medications, either over the counter or prescription?

Name of Medication (Prescription or Otherwise)	Dates used	Quantity Taken	Frequency Taken

Toll-Free 800.823.4852 | Local 916.773.2800 | Fax 916.773.4484
2266 Lava Ridge Court, Suite 200 | Roseville, CA 95661 | www.pinneyinsurance.com