PINNEY
INSURANCE CENTER, INC.

A LifeMark Partner

Providing all the tools for your success

HEPATITIS C 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) Date of diagnosis: _____ ***Age at onset (if known):*** _____

(2) Known cause? ❒ No ❒ Yes: _____ ***Any cirrhosis?*** ❒ Yes ❒ No

(3) Has the Hepatitis been diagnosed as:

❒ Acute Viral Hepatitis C ❒ Chronic Persistent Hepatitis C
❒ RNA Undetectable ❒ Chronic Active Hepatitis C

(4) If biopsied, fibrosis stage: _____ ***Date of last biopsy:*** _____

(5) What are the most current liver enzyme levels:

Date	GGTP	ALT/SGPT	AST/SGOT

(6) Which studies have been undertaken to diagnose/treat the condition:

❒ Liver ultrasound , CT scan, or MRI (circle which one): Date: _____ Results: ❒ Normal ❒ Abnormal
❒ Liver biopsy Date: _____ Results: ❒ Normal ❒ Abnormal
❒ Other: _____
❒ Studies Recommended/Pending: _____ Date Planned: _____

(7) Does the proposed insured use any medications, such as alpha interferon or ribavirin? If yes, please complete the table below:

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

(8) Does the proposed insured consume any alcohol? ❒ No ❒ Yes Describe: _____
(type, frequency, quantity)

(9) How frequently does a physician monitor liver functions: ❒ Quarterly ❒ Semiannually ❒ Annually ❒ Other: _____

(10) Please advise of any additional information that may help us provide you with a more accurate preliminary assessment:

_____

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