NAILBA
NAILBA University

HEPATITIS

CLIENT NAME: _____ **Date:** _____

❑ Male ❑ Female Date of birth: _____ Height: _____' _____" Weight: _____

Tobacco Use: ❑ Never used ❑ Totally stopped Date stopped: _____ ❑ Use now Type of nicotine product: _____

Type of Coverage: ❑ Term ❑ UL ❑ Survivor **Type of Coverage:** ❑ Term ❑ UL ❑ Survivor

Coverage Amount: _____ **Anticipated Premium:** _____

FAMILY HISTORY

Has proposed insured had a parent, brother or sister who had cancer, diabetes, stroke, heart or kidney disease or who committed suicide?

If yes, use separate sheet to provide this information, including age of onset and date of death.

PROPOSED INSURED'S EXISTING INSURANCE			
Full Name of Company	Face Amount	Year Issued	Is Policy to be Replaced?

1. Date of first diagnosis: _____

2. What type of hepatitis: ❑ A ❑ B ❑ C

3. Was the hepatitis due to:

❑ Hepatitis A ❑ Hepatitis C (non-A/non-B ❑ Hepatitis B, resolved ❑ Hepatitis B, carrier or chronic infection

❑ Other, please specify _____

4. Please give the date and results of the most recent liver enzyme tests:

❑ AST/SGOT Date: _____ ❑ ALT/SGPT Date: _____ ❑ GGTP Date: _____

Result: _____ Result: _____ Result: _____

5. Does the client drink alcohol? ❑ No ❑ Yes; please give details _____

6. Please check if any of the following studies have been completed:

❑ Liver ultrasound or CT scan ❑ normal ❑ abnormal

❑ Liver biopsy ❑ normal ❑ abnormal

❑ No further evaluation

7. Has client been diagnosed with any of the following: ❑ Chronic hepatitis ❑ Cirrhosis

8. Was there any treatment done? ❑ No ❑ Yes; what type? _____

9. When did treatment start _____ and terminate _____

10. Was treatment successful in eliminating the virus? ❑ No ❑ Yes

11. Is client on any medications now? (accurate name, dosage, and reason)

(Accurate) Name of Medication	Dosage	Reason

12. Does client have any other major health issues? (additional questionnaires may be required) ❑ No ❑ Yes; please give details

_____

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