HEMOCHROMATOSIS QUESTIONAIRE

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: _____
Height: ____ft. ____in. Weight: ____lbs.

(1) When was the condition first diagnosed? _____

(2) What lead to the diagnosis of hemochromatosis? _____

_____

(3) When you were first diagnosed, how many blood draws (phlebotomies, venesections) were done in what time frame? _____

_____

(4) Are you now on a regular blood draw schedule? If yes, how often do you go? If no, why not? _____

_____

(5) How often do you go for a health check up to your health care provider? _____

(6) Are your liver function tests normal? Please check with your health care provider if you do not know and list any recent abnormal levels in the following table. These values are important for us to help you get a realistic idea of premiums before completing a formal application of insurance for a specific company:

Date of most recent test: _____ ❒ ***I was told all of my liver function tests were normal.***

Test values were as follows: GGTP: _____ SGOT/AST: _____ SGPT/ALT: _____

(7) Have there been any abnormalities or affects on other organs or tissues? If yes, please describe: _____

_____

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

_____

_____

(9) Please list all current medications:

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