



**BROKERAGE GROUP
INTERNATIONAL, LLC**

Hepatitis C Questionnaire

Broker Name: _____ Date: _____

Phone: _____ Fax: _____

E-Mail: _____

Address/City/State/Zip: _____

CLIENT INFORMATION

Name: _____ M F

Date of Birth: _____ Height: _____ Weight: _____

Occupation: _____

Insurance Amount _____ Insurance Type: Term Universal Life Whole Life

Death Benefit: _____ Second to Die Variable

Have you ever used tobacco or nicotine products? Yes No

If yes, what type of product did you use? Cigarettes Cigar Pipe Other

HEPATITIS C INFORMATION

1. What abnormality was first noted and when? _____

a. Laboratory results; symptoms, abnormality on exam? _____

b. What was the diagnosis or cause for the abnormality? _____

2. What type of evaluation was done? _____

When? _____

3. When did you last see your doctor? _____

4. Are you treated for your liver disorder? Yes No

5. Do you take medication, for any reason? Yes No

6. Do you use alcohol, spirits, wine, or beer?

a. Yes No

b. What type? _____

c. How frequently? _____

7. If you do not use alcohol now, have you ever used it in the past?

a. Yes No

b. When and how much? _____

c. When did your pattern of alcohol consumption change? _____

d. Why? _____

8. Additional Comments? _____
