## **Underwriting Questionnaire**

## **Hemochromatosis**

	0	
underwriting.		
Writing		

Producer Name		Phone Date _			
Client Name	Date	Date of Birth			
☐ Male ☐ Female Face A	mount	Max Premium \$		/yr.	
☐ Term ☐ Permanent Ha	as the client ever used any	form of tobacco (cigaret	tes, cigars, pipe, snuff, etc.)	? □Yes □No	
Frequency	Date of I	ast use	Type	Type	
Date of diagnosis	_				
What organs are involved (select all		□Heart □F	ituitary		
Date of last phlebotomy treatment	Was	s a liver biopsy or ultrasou	nd done? □Yes □No I	f yes, provide a copy	
If available, provide the most recen	t results for				
Serum ferritin	Iron level	AST	ALT		
Name of Medication (prescrip	otion or otherwise)	Dates Used	Quantity Taken	Frequency Taken	

List any other major health problems the client has:



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