

HEPATITIS

Client's Name _____

If your client has had hepatitis, please answer the following:

1. Please list date of diagnosis: _____

2. Was the hepatitis due to:
 - hepatitis A
 - hepatitis B, resolved
 - hepatitis B, carrier
 - hepatitis C (non-A/non-B)
 - other, please specify _____

3. Please give the date and results of the most recent liver enzyme tests:
 - a) AST/SGOT _____
 - b) ALT/SGPT _____
 - c) GGTP _____

4. Is your client on any medications?
 - yes, please give details _____
 - no

5. Does your client drink alcohol?
 - yes, please note amount and frequency _____
 - no

6. Please check if any of the following studies have been completed:
 - a) liver ultrasound or CT scan normal abnormal
 - b) liver biopsy normal abnormal
 - c) no further evaluations

(2)

7. Has your client been diagnosed with any of the following:

- chronic persistent hepatitis
- chronic active hepatitis
- cirrhosis

8. Does your client have any other major health problems (example: heart disease, cancer, etc.)?

- yes, please give details _____
- no

Agents name:

Agents Tell #

Agent Fax #

Date Submitted:

Agents e-mail address:

PLEASE FAX TO BEST MARKETING AT 1-781 643-2775