

## LIVER ENZYMES

**Client's Name** \_\_\_\_\_

If your client has elevated liver enzymes, please answer the following:

1. How long has this abnormality been present? \_\_\_\_\_ (years)
  
2. Please give the date and results of the most recent liver enzyme tests.
  - a) AST/SGOT \_\_\_\_\_
  - b) ALT/SGPT \_\_\_\_\_
  - c) GGTP \_\_\_\_\_
  
3. Have these results been  
 increasing  fluctuating up and down  
 decreasing  unknown  
 stable
  
4. Does your client drink alcohol? (answer all that apply)  
 yes, please note amount and frequency \_\_\_\_\_  
 no  
 drinking pattern changed recently \_\_\_\_\_
  
5. Is your client on any medications (prescription and/or non-prescription)?  
 yes, please give details \_\_\_\_\_  
 no
  
6. Please check if your client has had any further studies for evaluation:
  - a) Hepatitis A,B, or C  normal  abnormal
  - b) liver ultrasound or CT scan  normal  abnormal
  - c) liver biopsy  normal  abnormal
  - d) any further evaluations \_\_\_\_\_
  
7. Does your client have any other major health problems (example: heart disease, 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