

Liver disease questionnaire

This questionnaire should be completed by the applicant's medical attendant.

Application/policy number:

Full name of the person to be assured:

Date of birth:

Patient since:

Please answer each question and where appropriate provide particulars.

1 History

When did your patient first show signs of liver disease:

What were the symptoms:

2 Diagnosis

Please advise the precise diagnosis:

Following what type of investigations was this made (copies of any hospital or laboratory reports in your possession would be much appreciated):

Are there any related or additional complicating factors, e.g. hypertension, diabetes:

3 Treatment

When and with what form of therapy did treatment commence? Please specify date, type and duration:

What therapy is your patient currently receiving:

Continued overleaf

4 Present condition

Please describe your patient's present condition, the severity of the disease and frequency of symptoms. Can your patient's condition be considered stable, improving or deteriorating:

If available, please provide the results of all liver function tests within the last two years:

5 Remarks/observations


6 Date, signature and stamp of the medical attendant

Date:

Signature:


Stamp:

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