

# Leukemia Questionnaire



Submit This Form with your application for better informed underwriting

## Client Information

Client Name:					
DOB:	Gender	Height	Weight	Marital Status	
Occupation & Length of Employment:					
Tobacco Use	Never Used	Totally Stopped		Current User	
		Date Stopped		Type Used	
Type of Coverage	Term	UL	Survivor	Amount \$	

## Essential Information

1	Date of first Diagnosis				
2	What is the current stage of the leukemia?	Stage 0	Stage I	Stage II	
		Stage III		Stage IV	
3	List current medications (accurate name, dosage and reason)				
4	Please provide results of the most recent CBS (Complete Blood Count)				
	Date				
	Hemoglobin				
	White Blood Cell count				
Platelet Count					
5	Does the client have any other health issues	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes provide details:		

**Confidential**

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