

Lymphoma 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		Date of Last Treatment	
2	What type of treatment did client receive (check all that apply)		<input type="checkbox"/> Radiation	<input type="checkbox"/> Surgery
			<input type="checkbox"/> Chemotherapy	
3	What was the staging at the time of diagnosis?		Stage I	Stage III
			Stage II	Stage IV
4	Indicate the type of lymphoma		Hodgkin's Lymphoma	
			Non-Hodgkin's Lymphoma – low grade	
			Non-Hodgkin's Lymphoma – intermediate grade	
			Non-Hodgkin's Lymphoma – high grade	
5	Please note if any of the following were present at time of diagnosis: (check all that apply)			
	<input type="checkbox"/> Type B symptom's (fever, weight loss and/or night sweats)			
	<input type="checkbox"/> Large mediastinal (chest) disease (tumor >7.5cm)			
	<input type="checkbox"/> Elevated LDH (blood test)			
6	List current medications (accurate name, dosage and reason)			
7	Does the client have any other health issues	<input type="checkbox"/> Yes	<i>If yes provide details:</i>	
		<input type="checkbox"/> No		

Confidential

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