

Leukemia Questionnaire

Name Male Female Age _____ Date of Birth _____

Tobacco Use: No Cigarettes Other tobacco _____ Date quit? _____

State _____ Amount of Insurance _____ Type of Insurance _____

Occupation/Source of income: _____

1. Type of Leukemia: Acute Chronic _____

Granulocytic Lymphoblastic Lymphocytic Myelogenesis _____

Non-lymphoblastic Erthroleukemia Hairy Cell Lymphosacoma _____

Other _____

2. Date Leukemia was diagnosed: _____ Date of last treatment: _____

3. Any Recurrence? No Yes- Details: _____

4. Treatments (check all that apply): _____

Close observation Pentostatin Splenectomy- Date: _____

Bone Marrow Transplant- Date: _____ Interferon 2-cdA _____

Other treatment – Details and dates: _____

5. Most recent CBC (complete blood count) results? _____

Date of last CBC test: _____ Hemoglobin: _____

White blood cell count: _____ Platelet count: _____

General Questions:

1. Do you have any other major health problems? No Yes – Details: _____

2. List all medications: _____

3. Height: _____ Weight: _____ Most recent blood pressure reading: _____

Agent Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____ **Email:** _____

The information gathered above will be used in the evaluation of the insurability of the applicant. All offers are tentative and are subject to verification of the submitted medical evidence and other criteria used in the underwriting of life insurance Copyright 2000 to 2013. By Fredric Berger. All rights reserved.