AGENTS INSURANCE SERVICES of AMERICA, Inc.
Email: to UndSolutions@cs.com or Fax to: (760) 435 9703
Telephone: (760) 435 9702

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 [] Myelogensis

[] 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:**