LYMPHOMA

CLIENT NAME: _____ **Date:** _____

☐ Male ☐ Female Date of birth: _____ Height: _____' _____" Weight: _____

Tobacco Use: ☐ Never used ☐ Totally stopped Date stopped: _____ ☐ Use now Type of nicotine product: _____

Type of Coverage: ☐ Term ☐ UL ☐ Survivor ☐ Disability **Coverage Amount:** _____

Annual Income: _____ **Occupation/Job duties:** _____ **State of Residence:** _____

Anticipated Premium: _____

FAMILY HISTORY

Has proposed insured had a parent, brother or sister who had cancer, diabetes, stroke, heart or kidney disease or who died by suicide?

If yes, use separate sheet to provide this information, including age of onset and date of death

PROPOSED INSURED'S EXISTING INSURANCE			
Full Name of Company	Face Amount	Year Issued	Is Policy to be Replaced?

1. Date of diagnoses: _____

2. 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

Additional specifics about type of lymphoma if known:

_____

3. What was the staging at the time of diagnosis?

☐ Stage I ☐ Stage II ☐ Stage III ☐ Stage IV

4. Please note if any of the following were present at time of diagnosis (check all that apply):

☐ Type B symptoms (fever, weight loss, and/or night sweats)

☐ Large mediastinal (chest) disease (tumor > 7.5 cm)

☐ Elevated LDH (blood test)

☐ More than 1 extranodal site involved

5. What treatment did client receive? (check all that apply)

☐ Chemotherapy ☐ Radiation ☐ Surgery

What was the date of the last treatment? _____

6. List all medications client is taking. (accurate name, dosage, and reason)

(Accurate) Name of Medication	Dosage	Reason

7. Are there any other health problems? (additional questionnaires may be required) ☐ No ☐ Yes; please give details

_____

_____

