CANCER—LEUKEMIA QUESTIONNAIRE

Agent: Phone: Fax:

Proposed Insured Name: _____ ❒ M ❒ F Date of Birth: _____
Face Amount: _____ Max. Premium: $_____/year ❒ UL ❒ WL ❒ Term ❒ Survivorship
Do you currently smoke cigarettes? ❒ Y ❒ N If no, did you ever smoke: ❒ Never ❒ Quit (Date): _____
Do you currently use any other tobacco products (e.g. cigars, pipe, snuff, nicotine patch, Nicorette gum...): ❒ Y ❒ N
If Yes, please provide details:_____
When did you last use any form of tobacco: _____ (Month) _____ (Year) Type used last: _____
Height: ____ft. ____in. Weight: ____lbs.

(1) Exact name of the leukemia: _____

(2) Date of diagnosis: _____ ***b) Date of last treatment:*** _____

(3) What was the Stage of the leukemia? ❒ 0 ❒ I ❒ II ❒ III ❒ IV

(4) How has the leukemia been treated (please check all that apply)?

❒ Radiation: dates, frequency: _____

❒ Chemotherapy: dates, types: _____

(5) Does the proposed insured take any medications at this time? ❒ No ❒ Yes:

Name of Medication/Therapy (Prescription or Otherwise)	Dates used	Quantity Taken	Frequency Taken

(6) Has there been any evidence of recurrence or relapse of the leukemia or related illness?

❒ No ❒ Yes Details:_____

_____

(7) Has the proposed insured's spleen been removed as part of the treatment procedure? ❒ No ❒ Yes, date: _____

(8) What are the most current blood count (CBC) readings for:

Date of last count: _____ White blood cells: _____ Hemoglobin: _____ Platelets: _____

(9) How frequent does the proposed insured visit his/her health care provider for checkups including blood counts? _____

(10) Does the proposed insured have an unusually high frequency of colds, flues, or pneumonia? If yes, describe: _____

_____

(11) Does the proposed insured have any other medical conditions? If yes, please describe:

_____

_____

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