

## MEDICAL HISTORY QUESTIONNAIRE: LEUKEMIA

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender:  Male  Female Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Tobacco Usage: \_\_\_\_\_ Coverage Information: \_\_\_\_\_

Never  
 Former Date Stopped: \_\_\_\_\_  
 Current Type: \_\_\_\_\_

Coverage Information:  
 Type:  Term  UL  IUL  
 WL  VUL  Survivorship  
 Face Amount: \_\_\_\_\_  
 Premium Tolerance: \_\_\_\_\_

### Proposed Insured's Existing Insurance

Insurance Company	Face Amount	Year Issued	Replacement (Yes/No)

1. Date of Diagnosis \_\_\_\_\_

2. Please indicate the type of Leukemia:

- Acute lymphoblastic leukemia (ALL)
- Acute myeloblastic leukemia (AML)
- Chronic lymphatic leukemia (CLL)
- Chronic myeloid leukemia (CML)

3. What is the current stage of the leukemia?

- Stage 0       Stage I       Stage II       Stage III       Stage IV

4. Please provide results of the most recent CBC (complete blood count):

- Date: \_\_\_\_\_
- Hemoglobin: \_\_\_\_\_
- White blood cell count: \_\_\_\_\_
- Platelet Count: \_\_\_\_\_

4. Please list current medications

Name of Medication	Dosage	Reason

6. Are there any other health issues? (Additional Questionnaires may be required)  No  Yes

If yes, please provide details: