

MEDICAL HISTORY QUESTIONNAIRE: LYMPHOMA

Client Name: _____ Date of Birth: _____

Gender: Male Female Height: _____ Weight: _____

Tobacco Usage: Never Former Current
 Date Stopped: _____ 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. What type of lymphoma was diagnosed? Hodgkin's Lymphoma Non-Hodgkin's - low grade
 Non-Hodgkin's - intermediate grade Non-Hodgkin's - high grade
3. What was the staging at the time of diagnosis?
 I II III IV
4. How was the cancer treated? (check all that apply)
 Surgery Radiation Chemotherapy
5. Date of last treatment? _____
6. Please note if any of the following were present at the time of diagnosis (check all that apply)
 Type B Symptoms (fever, weight loss, night sweats) Large mediastinal disease (tumor > 7.5cm)
 Elevated LDH (blood test) More than 1 extranodal site involved

7. Please list current medications

Name of Medication	Dosage	Reason

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

If yes, please provide details: _____
