



Leukemia Questionnaire

Name: _____

Date of Birth: _____

Height: _____ Weight: _____

Sex: M/ F

Tobacco Usage: _____

Face Amount: _____

___Term 10 15 20 30 ___UL

1. When was leukemia diagnosed? _____

2. What type of leukemia was the proposed insured diagnosed with?

___ Acute Leukemia

___ Myelodysplastic Syndrome

___ Chronic Leukemia

3. What treatments did the proposed insured receive (surgery, chemotherapy, radiation, biological therapy, bone marrow transplant)? _____

(Please provide dates and details of treatment) _____

4. Is the proposed insured currently in remission? ___ Yes ___ No

(If yes, as of what date? _____

5. Is the proposed insured taking any medications? ___ Yes ___ No

(If yes, please provide name, dosage, and frequency) _____

