



Cancer-Leukemia Questionnaire

Name: _____ Date of Birth: _____

Height: _____ Weight: _____ Sex: M/F

Tobacco Usage: _____ Face Amount: _____

____Term 10 15 20 30 _____UL

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. Is the proposed insured taking any medication for this condition or any other? ____Yes ____No
(If yes, please provide the name, dosage, and frequency):

Name: _____ Dosage: _____ Frequency: _____

Name: _____ Dosage: _____ Frequency: _____

Name: _____ Dosage: _____ Frequency: _____

Name: _____ Dosage: _____ Frequency: _____

6. Has there been any evidence of relapse of the leukemia or related illness? ____Yes ____No
(If yes, please provide details): _____

7. Has the proposed insured's spleen been removed as part of the treatment procedure?
____Yes ____No (If yes, please provide details): _____

8. What are the most current blood count (CBC) readings for the following?

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?
____Yes ____No (If yes, please describe): _____

11. Are there any other conditions that may impact life underwriting? ____Yes ____No
(If yes, please describe): _____