Underwriting Questionnaire Hodgkin's/Non-Hodgkin's Lymphoma

Producer Name		Phone		Date					
Client Name				Date of Birth					
Male Female	Amount		N	1ax Premium \$	/yr.				
□ Term □ Permanent Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)? □ Yes □ No									
Frequency			C	Date of last use		Туре			
Type of Hodgkin's lymphoma Lymphocyte predominan Mixed cellularity Other				□Nodular sclerosis □Lymphocyte depletic	n				
Date of initial diagnosis_			Date of last treatmen	nt	_				
How has the disease been treated (se Chemotherapy Stem cell treatment			otherapy	with alkylating agents	□Radiation therap		e marrow transplant		
Hodgkin's Stage Hodgkin's Subcategory		□ II □ B	□ □ E						
Non-Hodgkin's Stage Non-Hodgkin's Grade Non-Hodgkin's Suffix	□I □Low □B	□II □Intern □E	□ III nediate	□IV □High					
Any evidence of recurren	ce?	□Yes	□No	If yes, provide details	5				

Name of Medication (prescription or otherwise)	Dates Used	Quantity Taken	Frequency Taken

List any other major health problems the client has:

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