

## **LYMPHOMA**

CLIENT NAME:
Type of Coverage:       Term       UL       Survivor         Coverage Amount:
Coverage Amount: Anticipated Premium:
Has proposed insured had a parent, brother or sister who had cancer, diabetes, stroke, heart or kidney disease or who committed suic
If yes, use separate sheet to provide this information, including age of onset and date of death
PROPOSED INSURED'S EXISTING INSURANCE           Full Name of Company         Face Amount         Year Issued         Is Policy to be Replaced?
Full Name of Company         Face Amount         Year Issued         Is Policy to be Replaced?
1. Date of diagnoses:
<ul> <li>2. Indicate the type of lymphoma:</li> <li>Hodgkin's LymphomaNon-Hodgkin's Lymphoma—low grade</li> <li>Non-Hodgkin's Lymphoma—intermediate-grade</li> <li>Non-Hodgkin's Lymphoma—high grade</li> <li>3. What was the staging at the time of diagnosis?</li> </ul>
□ Stage I □ Stage II □ Stage III □ Stage IV
<ul> <li>4. Please note if any of the following were present at time of diagnosis (check all that apply):</li> <li>Type B symptoms (fever, weight loss, and/or night sweats)</li> <li>Large mediastinal (chest) disease (tumor &gt; 7.5 cm)</li> <li>Elevated LDH (blood test)</li> <li>More than 1 extranodal site involved</li> </ul>
5. What treatment did client receive? (check all that apply)
□ Chemotherapy □ Radiation □ Surgery
What was the date of the last treatment?
6. List all medications client is taking. (accurate name, dosage, and reason)
(Accurate) Name of Medication Dosage Reason
7. Are there any other health problems? (additional questionnaires may be required)