LYMPHOMA
PRELIMINARY UNDERWRITING QUESTIONNAIRE

Client: **Gender:** M ◯ F ◯ **DOB:**

Height: **Weight:**

Coverage Desired? **Amount?** **Plan Desired?**

If your client has a history of lymphoma, please answer the following:

LYMPHOMA HISTORY

1. **Please list date of first diagnosis:**
2. **Please indicate the type of Lymphoma:**
   - ☐ Hodgkin Lymphoma
   - ☐ Non-Hodgkin Lymphoma low grade
   - ☐ Non-Hodgkin Lymphoma intermediate grade
   - ☐ Non-Hodgkin Lymphoma high grade
3. **What was the staging at the time of the diagnosis?** ◯ I ◯ II ◯ III ◯ IV
4. **Please note if any of the following were present at the time of diagnosis.** *Select all that apply.*
   - ☐ Type B symptoms (fever, weight loss and/or night sweats)
   - ☐ Large mediastinal (chest) disease (tumor > 7.5 cm)
   - ☐ Elevated LDH (blood test)
   - ☐ More than 1 extranodal site involved
5. **What treatment did your client receive?** *Select all that apply and note date of last treatment.*
   - ☐ Chemotherapy (date)
   - ☐ Radiation (date)
   - ☐ Surgery (date)

CURRENT STATE

6. **Please list current medications and give details:**
7. **Has your client smoked cigarettes in the last 12 months?** ◯ Yes ◯ No
8. **Does your client have any other major health problems (*ex: heart disease, etc.*)?** ◯ Yes ◯ No

   If yes, please give details:

ADDITIONAL COMMENTS

Do you have any additional comments?

Advisor:

Date:

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