

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 first 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 so, as of what date?

5. Is the proposed insured taking any medications? If yes, please provide name, dosage and frequency. _____
