Leukemia

Please answer all questions applicable to the client's medical history.

Producer Name_____ Phone _____ Date_____

Client Name_____ Date of Birth_____ ☐Male ☐Female

Face Amount _____ Max Premium $_____ /yr. ☐Term ☐Permanent

Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)? ☐Yes ☐No

Frequency_____ Date of last use _____ Type _____

Type of leukemia_____Date of diagnosis_____ Date of treatment_____

☐Acute Lymphoid/Acute Myeloid (AML) ☐Chronic Lymphoid (CLL) ☐Hairy cell ☐Chronic Myeloid (CML)

Stage ☐0 ☐I ☐II ☐III ☐IV

Type of Treatment_____

Evidence of recurrence, relapse, or related illness ☐Yes ☐No If yes, provide details_____

_____

Has the client's spleen been removed as part of the treatment procedure? ☐Yes ☐No If yes, date _____

Most current blood count (CBC) readings
Date_____ White blood cells_____ Hemoglobin_____ Platelets_____

How frequently does the client visit his/her health care provider for checkups including blood counts?_____

_____

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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