

CANCER - HODGKIN'S DISEASE QUESTIONNAIRE

Agent: _____	Phone: _____	Fax: _____
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Proposed Insured Name: _____ <input type="checkbox"/> M <input type="checkbox"/> F Date of Birth: _____	
Face amount: _____	Max. Premium: \$ _____/year <input type="checkbox"/> UL <input type="checkbox"/> WL <input type="checkbox"/> Term <input type="checkbox"/> Survivorship
Do you currently smoke cigarettes? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, did you ever smoke? <input type="checkbox"/> Never <input type="checkbox"/> Quit (Date): _____	
Do you currently use any other tobacco products (e.g. cigars, pipe, snuff, nicotine patch, Nicorette gum...)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide details: _____	
When did you last use any form of tobacco: _____ (Month) _____ (Year) Type used last: _____	

1. Type of Hodgkin's lymphoma: Lymphocyte predominance Nodular sclerosis
 Mixed cellularity Lymphocyte depletion
 Other: _____

2. Date of diagnosis: _____ Date of last treatment: _____

3. What was the stage of the cancer?

Stage <input type="checkbox"/> I	Subcategory <input type="checkbox"/> A
<input type="checkbox"/> II	<input type="checkbox"/> B
<input type="checkbox"/> III	<input type="checkbox"/> E
<input type="checkbox"/> IV	

4. How has the cancer been treated (please check all that apply)?

Chemotherapy Chemotherapy with alkylating agents Radiation Therapy Bone marrow transplant
 Other: _____

5. Is the proposed insured currently taking any medications? If yes:

Name of Medication (Prescription or Otherwise)	Dates used	Quantity taken	Frequency taken

6. Has there been any evidence of recurrence? If yes, please provide details: _____

7. Are there any other medical issues for which the proposed insured has sought medical advice in the past five to ten years?

