Underwriting Questionnaire Leukemia

			^c ruriting
Producer Name	_ Phone	Date	- 60
Client Name	Date of Birth		
□ Male □ Female Face Amount	Max Premi	um \$ /yr.	
□ Term □ Permanent Has the client ever	used any form of tobacco (cigareti	es, cigars, pipe, snuff, etc.)?	□Yes □No
Frequency	Date of last use	Туре	
Type of leukemia	Date of diagnosis	Date of treatment	
Acute Lymphoid/Acute Myeloid (AML)	Chronic Lymphoid (CLL)	airy cell	yeloid (CML)
Stage 🛛 0 🔤 I 🔤 III			
Type of Treatment			
Evidence of recurrence, relapse, or related illness	Yes No If yes, provide detail	s	
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 of	cells Hemoglobi	n P	latelets
How frequently does the client visit his/her health c	are provider for checkups including	blood counts?	
Name of Medication (prescription or otherwis	se) Dates Used	Quantity Taken	Frequency Taken

List any other major health problems the client has:



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