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CANCER — HODGKIN'S DISEASE QUESTIONNAIRE

Agent: _____ Phone: _____ Fax: _____

Proposed Insured Name: _____ M F Date of birth: _____

Face Amount: _____ Max. Premium: \$ _____ / year UL WL Term Survivorship

Do you currently smoke cigarettes? Y N If no, did you ever smoke: Never Quit (Date): _____

Do you currently use any other tobacco products (e.g. nicotine patch, cigars, pipe, snuff, Nicorette gum...): Y N

If Yes, please provide details: _____

When did you last use any form of tobacco: ____ (Month) ____ (Year) Type used last: _____

Height: _____ ft. _____ in. Weight: _____ lbs.

- (1) *Type of Hodgkin's lymphoma:* Lymphocyte predominance Nodular sclerosis
 Mixed cellularity Lymphocyte depletion
 Other: _____

(2) a) *Date of initial diagnosis:* _____ b) *Date of last treatment:* _____

- (3) *How has the Hodgkin's lymphoma been treated? (please check all that apply)*
- Chemotherapy Chemotherapy with alkylating agents Radiation Therapy Bone marrow transplant
 Other: _____

(4) *What was the Stage and Subcategory of the Hodgkin's lymphoma?*

- Stage I II III IV
- Subcategory: A B E

(5) *Does the proposed insured take any medications at this time?* No Yes:

Name of medication (prescription or otherwise)	Dates used	Quantity taken	Frequency taken

(6) *Has there been any evidence of recurrence?*

No Yes Details: _____

(7) *Are there any other medical issues for which the proposed insured has sought medical advice in the past five to ten years:*
