

LYMPHOMA QUESTIONNAIRE

DATE: _____ ADVISOR NAME: _____
PHONE: _____ FAX: _____ EMAIL: _____

CLIENT INFORMATION:

PROPOSED INSURED: _____ DATE OF BIRTH: ___/___/___

MALE FEMALE STATE OF SALE: _____

TOBACCO USE: YES NO QUIT WHEN _____

OTHER COMPANY ACTIONS: RATED TABLE ___ POSTPONED DECLINED

OTHER COMPANY DETAILS: _____

DATE OF DIAGNOSIS: ___/___/___

PLEASE INDICATE THE TYPE OF LYMPHOMA:

- HODGKIN'S LYMPHOMA NON-HODGKIN'S LYMPHOMA-LOW GRADE
 NON-HODGKIN'S LYMPHOMA-INTERMEDIATE GRADE
 NON-HODGKIN'S LYMPHOMA-HIGH GRADE

WHAT WAS THE STAGING AT THE TIME OF DIAGNOSIS?

- STAGE I STAGE II STAGE III STAGE IV

PLEASE NOTE IF ANY OF THE FOLLOWING WERE PRESENT AT THE TIME OF DIAGNOSIS (CHECK ALL THAT APPLY):

- TYPE B SYMPTOMS (FEVER, WEIGHT LOSS AND/OR NIGHT SWEATS)
 LARGE MEDIASTINAL (CHEST) DISEASE (TUMOR >7.5 CM)
 ELEVATED LDH (BLOOD TEST)
 MORE THAN 1 EXTRANODAL SITE INVOLVED

WHAT TREATMENT DID YOU RECEIVE? (CHECK ALL THAT APPLY)

- CHEMOTHERAPY RADIATION SURGERY

PLEASE NOTE THE DATE OF LAST TREATMENT: ___/___/___

ARE YOU CURRENTLY ON ANY MEDICATION(S)? NO YES - PLEASE LIST: _____

HAVE YOU SMOKED CIGARETTES IN THE LAST 12 MONTHS? NO YES - GIVE DETAILS: _____

DO YOU HAVE ANY OTHER MAJOR HEALTH PROBLEMS? NO YES - GIVE DETAILS: _____

Please return via email at

PlusMarketing@pfnins.com



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