

# MEDICAL HISTORY QUESTIONNAIRE: LYMPHOMA

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender:  Male  Female Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Tobacco Usage:

Never

Former Date Stopped: \_\_\_\_\_

Current Type: \_\_\_\_\_

Coverage Information:

Type:  Term  UL  IUL

WL  VUL  Survivorship

Face Amount: \_\_\_\_\_

Premium Tolerance: \_\_\_\_\_

## PROPOSED INSURED'S EXISTING INSURANCE

INSURANCE COMPANY	FACE AMOUNT	YEAR ISSUED	REPLACEMENT (YES/NO)

1. Date of diagnosis: \_\_\_\_\_

2. What type of lymphoma was diagnosed?  Hodgkin's Lymphoma  Non-Hodgkin's - low grade  
 Non-Hodgkin's - intermediate grade  Non-Hodgkin's - high grade

3. What was the staging at the time of diagnosis?  
 I  II  III  IV

4. How was the cancer treated? (check all that apply)

Surgery  Radiation  Chemotherapy

5. Date of last treatment? \_\_\_\_\_



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6. Please note if any of the following were present at the time of diagnosis (check all that apply)

- Type B Symptoms (fever, weight loss, night sweats)       Large mediastinal disease (tumor > 7.5cm)  
 Elevated LDH (blood test)       More than 1 extranodal site involved

If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Please list current medications:

NAME OF MEDICATION	DOSAGE	REASON

8. Are there any other health issues? (Additional Questionnaires may be required)    No    Yes

If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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