

# LEUKEMIA QUESTIONNAIRE

Rohrer & Associates

Insured's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ State: \_\_\_\_\_ Sex: M / F  
Height: \_\_\_\_\_ Ft. \_\_\_\_\_ In. \_\_\_\_\_ Weight: \_\_\_\_\_ Face Amount: \_\_\_\_\_  
Tobacco use in the past 5 years: No Yes Details: \_\_\_\_\_  
Producer: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Proposed Insured please answer the following:

1. Type of Leukemia (i.e. Chronic Lymphocytic (CLL), Acute Lymphoblastic (ALL), Chronic Myelogenous Leukemia (CML), Acute Non-Lymphoblastic (ANLL), Promyelocytic (PL)):
  
2. Date of Diagnosis:
  
3. How was / is your Leukemia being treated (i.e. chemotherapy, bone marrow transplant, etc.)?
  
4. Duration of treatment:  
Date of last treatment:
  
5. Are you currently in remission? Yes No  
If yes, how long have you been in remission?
  
6. Current platelet count:
  
7. Are you on any medications? Yes No  
Names and Dosages:
  
8. Is there a family history of cancer? Yes No
  
9. Date you last consulted your physician(s):

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Additional Information (please use reverse side for additional space):

Date: \_\_\_\_\_ Insured's Signature: \_\_\_\_\_