

Client Name: _____ Date of Birth: _____

 Gender: Male Female Height: _____ Weight: _____

Tobacco Usage: _____ Coverage Information: _____

<input type="checkbox"/> Never		Type: <input type="checkbox"/> Term <input type="checkbox"/> UL <input type="checkbox"/> IUL
<input type="checkbox"/> Former	Date Stopped: _____	<input type="checkbox"/> WL <input type="checkbox"/> VUL <input type="checkbox"/> Survivorship
<input type="checkbox"/> Current	Type: _____	Face Amount: _____
		Premium Tolerance: _____

Proposed Insured's Existing Insurance

Insurance Company	Face Amount	Year Issued	Replacement (Yes/No)

1. Date of Diagnosis _____

2. Please indicate the type of Leukemia:

- Acute lymphoblastic leukemia (ALL)
 Acute myeloblastic leukemia (AML)
 Chronic lymphatic leukemia (CLL)
 Chronic myeloid leukemia (CML)

3. What is the current stage of the leukemia?

- Stage 0 Stage I Stage II Stage III Stage IV

4. Please provide results of the most recent CBC (complete blood count):

- Date: _____
 Hemoglobin: _____
 White blood cell count: _____
 Platelet Count: _____

4. Please list current medications

Name of Medication	Dosage	Reason

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

If yes, please provide details: