



Hodgkin's/Non-Hodgkin's Disease

Please answer all questions applicable to the client's medical history.

Producer Name _____ Phone _____ Date _____

Client Name _____ Date of Birth _____ Male Female

Face Amount _____ Max Premium \$ _____ /yr. Term Permanent

Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)? Yes No

Frequency _____ Date of last use _____ Type _____

Type of Hodgkin's lymphoma

- Lymphocyte predominance Nodular sclerosis
 Mixed cellularity Lymphocyte depletion
 Other _____

Date of initial diagnosis _____ Date of last treatment _____

How has the disease been treated (select all that apply)

- Chemotherapy Chemotherapy with alkylating agents Radiation therapy Bone marrow transplant
 Stem cell treatment Other _____

Hodgkin's Stage I II III IV

Hodgkin's Subcategory A B E

Non-Hodgkin's Stage I II III IV

Non-Hodgkin's Grade Low Intermediate High

Non-Hodgkin's Suffix B E

Any evidence of recurrence? Yes No If yes, provide details

| Name of Medication (prescription or otherwise) | Dates Used | Quantity Taken | Frequency Taken |
|--|------------|----------------|-----------------|
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List any other major health problems the client has:

Questions?

Please call your McGill Brokerage Marketing Team at 800-279-0751.