



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

List any other major health problems the client has:

Questions?

Call McGill Brokerage at (800)-279-0751 ext. 233 for Dan Dahl, 210 for Tim Simmons, and 228 for Gary Kay.

Email questions or completed forms to ddahl@mcgillbrokerage.com, tsimmons@mcgillbrokerage.com, and gkay@mcgillbrokerage.com.