



## Monoclonal Gammopathy

*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 \_\_\_\_\_

Date of first diagnosis \_\_\_\_\_

Was a bone marrow biopsy done?  Yes  No If yes, provide details \_\_\_\_\_

Provide the most recent readings for

- Serum Protein/Serum Electrophoresis \_\_\_\_\_
- BUN \_\_\_\_\_
- Creatinine \_\_\_\_\_
- Urinalysis \_\_\_\_\_
- M Protein \_\_\_\_\_

Have the elevated protein (Ig) levels remained stable since diagnosis?

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?

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