



Leukemia Quote Request

Client Name _____ Date of Birth ____/____/____

Smoker Y N

Height ____' ____" Weight _____ lbs. Amt. of ins \$._____ Type: Term Yrs.____ GUL UL WL

Have you ever been declined or rated for insurance? Y N Details: _____

When were you first diagnosed with Leukemia? _____ Which type? (circle) ALL AML CLL

What was the stage of the Leukemia? (circle) Stage 0 Stage I Stage II Stage III Stage IV

Please provide results and date of most recent CBC (complete blood count) _____

Hemoglobin _____

White blood cell _____

Platelet count _____

Please give date Chemotherapy or Radiation Treatment was completed? _____

Please describe treatment given _____

Is there any evidence of recurrence? Yes No

If YES, Complete Details please _____

Please list all medications being taken: _____

Do you have any other major health problems? (example: Coronary Artery Disease, etc)?

What have been your recent Blood Pressure readings? _____

What has been your recent Cholesterol readings? _____

Do you have Diabetes? Y N Recent A1C _____

When Diagnosed? _____ What medication are you taking? _____

Broker Submitting Questionnaire: _____

Address _____

Phone _____ FAX: _____

E-Mail _____

Please send completed Questionnaire to Victorson Associates, 321 E. Main St., Suite 6, Smithtown, NY 11787 or Scan and Email to Vainc@victorson.com or FAX to (631) 265-7054