



J.L.Thomas & Company

A LIFEMARK PARTNER

The strength of many. The power of one.

Lymphoma - Ask "Rx" pert underwriter (ask our experts)

Producer _____ Phone _____ Fax _____

Client _____ Age/DOB _____ Sex _____

If your client is known to have a history of Lymphoma, please answer the following:

1. Please list date of diagnosis: _____

2. Please indicate the type of lymphom

- Hodgkin's Lymphoma
- Non-Hodgkin's Lymphoma-low grade
- Non-Hodgkin's Lymphoma-intermediate-grade
- Non-Hodgkin's Lymphoma-high grade

3. What was the staging at the time of diagnosi

- Stage I
- Stage II
- Stage III
- Stage IV

4. Please note if any of the following were present at time of diagnosis (check all that apply)

- Type B symptoms (fever, weight loss and/or night sweats)
- Large mediastinal (chest) disease (tumor > 7.5 cm)
- Elevated LDH (blood test)
- More than 1 extranodal site involved

5. What treatment did your client receive? (check all that appl

- Chemotherapy
- radiation
- surgery

Please note date of last treatment: _____

6. Is your client on any medication

- yes, please give details _____
- no

7. Has your client smoked cigarettes in the last 12 month

- yes, please give details _____
- no

8. Does your client have any other major health problems (ex: canc , etc.)?

- yes, please give details _____
- no