



Lymphoma Questionnaire

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Today's Date:

Agent:

Full Name:

Male or Female?

Height and weight:

Date of Birth:

Note: We encourage you to please fax us a copy of your pathology report, as it will contain the answers to questions 2 and 3 which need to be answered accurately in order to obtain the most accurate quote.

1. Please list date diagnosis: _____ Age at diagnosis: _____

2. Please indicate the type of lymphoma:
 - 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 stage at the time of diagnosis?
 - Stage 1
 - Stage 2
 - Stage 3
 - Stage 4

4. Please note if any of the following were present at the time of diagnosis (check all that apply)
 - Type B symptoms (fever, weight loss, night sweats)
 - Large mediastinal chest disease (tumor > 7.5 cm)
 - Elevated LDH (blood test)
 - More than 1 extranodal site involved

5. What treatment did you receive? (Check all that apply)
 - Chemotherapy
 - Radiation
 - Surgery

6. Date of last treatment: _____

7. Has there been any recurrence? ___ Yes ___ No

If yes, give date and details: _____

8. How often do you see your doctor?

9. What medications do you take, reason, dosage and how often?

10. Has your weight remained stable or have you lost or gained weight in the past year?

___ Yes ___ No If yes, how much? _____

11. Do you have any family history of cancer? ___ Yes ___ No

If yes, list member(s), age diagnosed and current age: _____