



CHRONIC LYMPHOCYTIC LEUKEMIA QUESTIONNAIRE
Global Insurance Resources Group Inc.
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CLIENT: NAME _____ [] M [] F, DATE OF BIRTH _____

AGE _____ HT _____ WT _____ STATE _____

AMOUNT REQ. \$ _____ MAX. ANNUAL PREMIUM \$ _____

TYPE OF INSURANCE: [] PERM [] TERM YRS. LEVEL _____

TOBACCO USE: [] NO [] YES, DETAIL _____

REPLACING? [] NO [] YES CURRENT ANN. PREM. \$ _____

LAST LIFE INSURANCE APP. YEAR: _____ COMPANY _____
 ACTION _____

AGENT: NAME _____ PHONE _____ FAX _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

1. PLEASE LIST THE DATE OF FIRST DIAGNOSIS
 MONTH _____ YEAR _____

5. HAS THE CLIENT SMOKED CIGARETTES IN THE PAST 12 MONTHS?
 [] YES [] NO

2. PLEASE NOTE CURRENT STAGE OF THE LEUKEMIA

- [] STAGE 0
- [] STAGE 1
- [] STAGE 2
- [] STAGE 3
- [] STAGE 4

6. CLIENT'S OCCUPATION _____

7. DOES THE CLIENT EXERCISE THREE OR MORE TIMES PER WEEK?
 [] NO [] YES, PLEASE DETAIL _____

3. IS THE CLIENT ON ANY MEDICATIONS FOR THIS DISEASE?

- [] NO
- [] YES, PLEASE DETAIL _____

8. HAS A PARENT, BROTHER OR SISTER DIED PRIOR TO AGE 65, OTHER THAN BY ACCIDENT?
 [] NO [] YES, PLEASE DETAIL _____

4. PLEASE PROVIDE RESULTS OF THE MOST RECENT CBC (COMPLETE BLOOD COUNT)

DATE _____

HEMOGLOBIN _____

WHITE BLOOD CELL _____

9. PLEASE LIST ANY OTHER IMPAIRMENTS OR ILLNESSES; ALONG WITH ANY AND ALL MEDICATIONS CURRENTLY BEING TAKEN, INCLUDE THE DOSAGE AND FREQUENCY OF EACH:

COUNT _____

**PLATELET
COUNT** _____

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