## **LYMPHOMA**



CLIENT	NAME:
	Submit the Client Information Questionnaire with this form
1.	List the date of diagnosis: I ymphoma-intermediate-grad
2.	Indicate the type of lymphoma:Hodgkin's LymphomaNon-Hodgkin's Lymphoma-low gradeNon-Hodgkin's Lymphoma-high grade
3.	What was the staging at the time of diagnosis?Stage IStage IIStage 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 client receive? (check all that apply) chemotherapyradiationsurgery  What was the date of the last treatment?
6.	List all medications client is taking. (accurate name, dosage, and reason)
7.	Does client have any other health issues? (additional questionnaires may be requested)

New Generation Insurance Marketing Inc. 28073 Smyth Drive, Valencia, CA 91355. Phone: 818-920-1777. CA Corp Lic. # OB07002