

**LEUKEMIA**

PRODUCER NAME: \_\_\_\_\_

CLIENT NAME: \_\_\_\_\_

Submit the Client Information Questionnaire with this form

1. List date of first diagnosis: \_\_\_\_\_
  
2. What is the current stage of the leukemia?  
\_\_ Stage 0      \_\_ Stage I      \_\_ Stage II      \_\_ Stage III      \_\_ Stage IV
  
3. Is client on any medications? (accurate name, dosage, and reason, if unrelated to this condition)
  
  
  
  
  
  
  
  
  
  
4. Please provide results of the most recent CBC (complete blood count):  
Date \_\_\_\_\_  
Hemoglobin \_\_\_\_\_  
White blood cell count \_\_\_\_\_  
Platelet count \_\_\_\_\_
  
  
  
  
  
  
  
  
  
  
5. Does client have any other health issues? (additional questionnaires may be required)

Please fax form to 612-392-7644 or email to [mvp@mvp-servicesolutions.com](mailto:mvp@mvp-servicesolutions.com)