LYMPHOMA

PRODUCER NAME:_____

CLIENT NAME: _____

Submit the Client Information Questionnaire with this form

1. List the date of diagnosis: _____

2. 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 staging at the time of diagnosis?
   ☐ 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 client receive? (check all that apply)
   ☐ chemotherapy ☐ radiation ☐ surgery

   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)

Please fax form to 612-392-7644 or email to mvp@mvpservicesolutions.com

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