

## Polycythemia Vera - Ask "Rx" -pert Underwriter (ask our experts)

Producer \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Client \_\_\_\_\_ Age/DOB \_\_\_\_\_ Sex \_\_\_\_\_

If your client is known to have a history of Polycythemia Vera, please answer the following:

1. Please list date of diagnosis: \_\_\_\_\_

2. Please indicate the type of treatment:

<input type="checkbox"/> Phlebotomy	<input type="checkbox"/> Splenectomy
<input type="checkbox"/> Hydroxyurea	<input type="checkbox"/> Interferon
<input type="checkbox"/> Radioactive Phosphorus	<input type="checkbox"/> Chemotherapy

3. What is current therapy? \_\_\_\_\_

4. Please provide the date and results of the most recent CBC:

<input type="checkbox"/> Hematocrit (Hct)	_____
<input type="checkbox"/> Hemoglobin (Hb)	_____
<input type="checkbox"/> Platelet Count	_____
<input type="checkbox"/> White Blood Cell (WBC)	_____

5. Is your client on any medications?

<input type="checkbox"/> yes, please give details	_____
<input type="checkbox"/> no	_____

6. Has your client smoked cigarettes in the last 12 months?

<input type="checkbox"/> yes, please give details	_____
<input type="checkbox"/> no	_____

7. Does your client have any other major health problems (ex: cancer, etc.)?

<input type="checkbox"/> yes, please give details	_____
<input type="checkbox"/> no	_____

*After reading the Rx for Success on Polycythemia Vera, please feel free to use this Ask "Rx" pert underwriter for an informal quote.*