



CANCER QUESTIONNAIRE

Proposed Insured's Name: _____ DOB: _____ Sex: M F
Tobacco Use: Yes No Amount: _____ Height: _____ Ft. In. Weight: _____
Broker's Name: _____ Face Amount: _____
Address: _____ Phone: _____ Fax: _____

Proposed Insured please answer the following:

1. Date of your diagnosis:
 2. Please give the name of the cancer and the location:
 3. Please give Stage and Grade of tumor:
 4. What symptoms did you have prior to your diagnosis:
 5. Number of Lymph nodes involved:
 6. How was/is the cancer treated?
 Medication: Hormonal Immunotherapy
 Radiation Therapy Surgery Chemotherapy
 7. Duration of treatment:
 8. Date of your last treatment:
 9. Was there any indication of the cancer spreading?
 No Yes, Date: _____ Details, including location(s): _____
 10. Has there been any evidence of reoccurrence? No Yes, details: _____
 11. Is there any family history of cancer?
 No Yes, details: _____
 12. Are you on any medication(s)? No Yes, Name(s) and dosage(s): _____
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