

MEDICAL HISTORY QUESTIONNAIRE: BREAST CANCER

Client Name: _____ Date of Birth: _____

Gender: Male Female Height: _____ Weight: _____

Tobacco Usage:

Coverage Information:

 NeverType: Term UL IUL Former Date Stopped: _____ WL VUL Survivorship Current Type: _____

Face Amount: _____

Premium Tolerance: _____

Proposed Insured's Existing Insurance

Insurance Company	Face Amount	Year Issued	Replacement (Yes/No)

1. Date of Diagnosis _____

2. How was the cancer treated? (check all that apply)

 Excisional biopsy only lumpectomy or wide excision Mastectomy Radiation therapy Chemotherapy Hormonal therapy (tamoxifen)

3. Date treatment was completed: _____

4. What stage was the cancer?

 0 - in situ I II III IV

5. Grade and Type

 Grade I Ductal/Lobular Grade II/III Ductal/Lobular

6. Tumor Size _____cm

7. Were any lymph nodes involved?

 No Yes

If yes, how many: _____

8. Has there been any evidence of recurrence?

 No Yes

If yes, please provide details: _____

9. Date and results of last mammogram: _____

10. Please list current medications

Name of Medication	Dosage	Reason

11. Are there any other health issues? (Additional Questionnaires may be required)

 No Yes

If yes, please provide details: _____