

## MEDICAL HISTORY QUESTIONNAIRE: SKIN CANCER

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender:  Male  Female Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Tobacco Usage:  Never  Former  Current Date Stopped: \_\_\_\_\_ Type: \_\_\_\_\_

Coverage Information: Type:  Term  WL  UL  VUL  IUL  Survivorship

Face Amount: \_\_\_\_\_ Premium Tolerance: \_\_\_\_\_

Proposed Insured's Existing Insurance			
Insurance Company	Face Amount	Year Issued	Replacement (Yes/No)

1. Date of Diagnosis \_\_\_\_\_
2. What type of cancer was diagnosed?  Basal Cell Carcinoma  Squamous Cell Carcinoma  Malignant Melanoma
3. For malignant melanoma only, what stage was the cancer?  
 Clark I/in situ  Clark II/Breslow < 0.75mm  Clark III/Breslow .75 - 1.5mm  
 Clark IV/Breslow 1.51 - 4mm  Clark V/Breslow >4.00mm
4. Where was the skin cancer located? \_\_\_\_\_
5. Has the cancer metastasized (spread) beyond the skin?  No  Yes

If yes, please provide details:

6. Please list current medications

Name of Medication	Dosage	Reason

7. Are there any other health issues? (Additional Questionnaires may be required)  No  Yes

If yes, please provide details: