

Cancer Questionnaire

Producer Name: _____ **Contact Phone:** _____

Client Name: _____ Age: _____ DOB: _____

Sex: _____ Height: _____ Weight: _____

Client's Premium Range (what do you need in order to place the case)? [required]

Any Tobacco/Nicotine Use in the Past 5yrs? Yes No If Yes, Type/Frequency/Date Last Used?

Face Amount: _____ Product: _____

Any Parent or Sibling Diagnosed with Cancer, Heart Disease, Stroke, Kidney Disease or Diabetes? Yes No

If Yes, Provide Age at Diagnosis, Age at Death, or Age if Still Living:

If Your Client Has a History of Cancer, Please Answer the Following:

1. What Type of Cancer Was Diagnosed?: _____

2. List Date of First Diagnosis: _____

3. How Was the Cancer Treated?

- Surgery Radiation Therapy Hormonal Therapy
 Chemotherapy Immunotherapy Other, Please Specify _____

4. List Date Each Treatment Type Was Completed: _____

5. Has There Been Any Evidence of Recurrence? No Yes; Please Give Details: _____

6. Was There Lymph Node Involvement or Metastasis to Other Organs? _____

7. Please List All Prescription and Over the Counter Medications & Dosages Currently Being Take:

| Prescription, Over the Counter or Vitamins | Dosages | Reason |
|--|---------|--------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

8. Any Additional Known Medical Conditions? _____

Please Provide A Copy of the Surgical Pathology Report if Available.

