

Skin 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 Skin Cancer, Please Answer the Following:

1. List Date(s) of Diagnosis: _____

2. What Type of Cancer Was Diagnosed?:
 Basal Cell Carcinoma Squamous Cell Carcinoma Malignant Melanoma

3. Where Was The Skin Cancer Located? _____

4. Has The Cancer Metastasized (spread) Beyond The Skin? No Yes; Please Give Details:

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

6. 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/Brewslow 1.51-4.0mm Clark V/Breslow > 4.0mm

7. How Often Does the Client Have Follow Up Dermatology Visits? _____

8. Does The Client Use Sunscreen or Other Preventive Measures? _____

9. Please List All Prescription and Over the Counter Medications & Dosages Currently Being Taken:

Prescription, Over the Counter or Vitamins	Dosages	Reason
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

10. Any Additional Known Medical Conditions? _____



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