MEDICAL HISTORY QUESTIONNAIRE: BREAST CANCER

Client Name: _____ Date of Birth: _____

Gender: ☐ Male ☐ Female Height: _____ Weight: _____

Tobacco Usage:

☐ Never

☐ Former Date Stopped: _____

☐ Current Type: _____

Coverage Information:

Type: ☐ Term ☐ UL ☐ IUL

☐ WL ☐ VUL ☐ Survivorship

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: _____