

CANCER—BREAST CANCER QUESTIONNAIRE

Agent:

Phone:

Fax:

Proposed Insured Name: _____ ☐ M ☐ F Date of Birth: _____
Face Amount: _____ Max. Premium: \$_____/year ☐ UL ☐ WL ☐ Term ☐ Survivorship
Do you currently smoke cigarettes? ☐ Y ☐ N If no, did you ever smoke: ☐ Never ☐ Quit (Date): _____
Do you currently use any other tobacco products (e.g. cigars, pipe, snuff, nicotine patch, Nicorette gum...): ☐ Y ☐ N
If Yes, please provide details: _____
When did you last use any form of tobacco: _____ (Month) _____ (Year) Type used last: _____
Height: ____ft. ____in. Weight: ____lbs.

(1) *Date of diagnosis:* _____ *Date of last treatment:* _____

(2) *Exact name of the type of breast cancer that has been diagnosed:* _____

(3) *What was the Stage of the cancer?*

- ☐ Stage 0 - Ductile carcinoma in-situ ☐ Stage 0 - Lobular carcinoma in-situ ☐ Stage 0 - Paget's disease of nipple
☐ Stage I ☐ Stage II ☐ Stage IIIA ☐ Stage IIIB ☐ Stage IV

(4) *Was the cancer Graded? If so, what Grade was assigned?*

- ☐ Grade I ☐ Grade II ☐ Grade III ☐ Grade IV

(5) *How has the cancer been treated (please check all that apply)?*

- ☐ Excisional biopsy (limited excision) ☐ Lumpectomy (wide excision)
☐ Partial Mastectomy ☐ Modified Radical Mastectomy ☐ Radical Mastectomy
☐ Radiation Therapy
☐ Chemotherapy
☐ Hormone Therapy
☐ Bone Marrow Transplant

(6) *Does the proposed insured take any medications at this time?* ☐ No ☐ Yes:

| Name of Medication (Prescription or Otherwise) | Dates used | Quantity Taken | Frequency Taken |
|--|------------|----------------|-----------------|
| | | | |
| | | | |
| | | | |
| | | | |

(7) *Has there been any evidence of recurrence?*

- ☐ No ☐ Yes Details: _____

(8) *Has there ever been any kind of other cancer diagnosed for the proposed insured?*

- ☐ No ☐ Yes Details: _____

(9) *Does the proposed insured have any other medical conditions? If yes, please describe:*

