

CANCER QUESTIONNAIRE

Proposed Insured's Name: _____ DOB: _____ Sex: M F
Tobacco Use: Yes No Amount: _____ Height: _____ Ft. In. Weight: _____
Broker's Name: _____ Face Amount: _____
BGA: _____ Phone: _____ Fax: _____

Proposed Insured please answer the following:

1. Date of your diagnosis:
2. Please give the name of the cancer and the location:
3. Please give Stage and Grade of tumor:
4. What symptoms did you have prior to your diagnosis:
5. Number of Lymph nodes involved:

6. How was/is the cancer treated?

- Medication: Hormonal Immunotherapy
 Radiation Therapy Surgery Chemotherapy

7. Duration of treatment:

8. Date of your last treatment:

9. Was there any indication of the cancer spreading?

- No Yes, Date: _____ Details, including location(s): _____

10. Has there been any evidence of reoccurrence? No Yes, details: _____

11. Is there any family history of cancer?

- No Yes, details: _____

12. Are you on any medication(s)? No Yes, Name(s) and dosage(s): _____

13. Date you last consulted your physician:

14. Name and address of your physician(s) and Oncologist:

15. Has case been shopped elsewhere, if so where & when?

16. Clients occupation

17. Pre-op & Post-op PSA?

18. Gleason Score

Date: _____