

CANCER—BREAST CANCER QUESTIONNAIRE

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

(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:*
