

## 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:*

\_\_\_\_\_

\_\_\_\_\_