MEDICAL HISTORY QUESTIONNAIRE: CANCER - GENERAL

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. Please list type of cancer & date of diagnosis:

2. How was the cancer treated?

☐ Lumpectomy
☐ Total Excision (mastectomy, prostatectomy)
☐ Node Dissection
☐ Chemotherapy
☐ Bone Marrow Transplant
☐ Radiation Therapy
☐ Hormonal Therapy (tamoxifen, Lupron, etc.)
☐ Stem Cell Transplant
☐ Observation/Watchful Waiting

3. Date treatment was completed: _____

4. What stage was the cancer?

☐ Stage 0 (in-situ) ☐ Stage I ☐ Stage II ☐ Stage III ☐ Stage IV

5. Were lymph nodes involved?

☐ Yes. How many? _____

☐ No

7. Has there been any evidence of recurrence?

☐ Yes. Please give details:

☐ No

8. Date & results of last follow up imaging studies and/or lab testing:

9. Please list current medications

Name of Medication	Dosage	Reason

10. Are there any other health issues? (Additional Questionnaires may be required) ☐ Yes ☐ No

If yes, please provide details: