

# Polyp, Cyst, Tumor or Growth Questionnaire



Submit This Form with your application for better informed underwriting

## Client Information

<b>Client Name:</b>					
<b>DOB:</b>	<b>Gender</b>	<b>Height</b>	<b>Weight</b>	<b>Marital Status</b>	
<b>Occupation &amp; Length of Employment:</b>					
<b>Tobacco Use</b>	Never Used	Totally Stopped		Current User	
		<b>Date Stopped</b>		<b>Type Used</b>	
<b>Type of Coverage</b>	Term	UL	Survivor	<b>Amount \$</b>	

## Essential Information

1	What type of growth did client have		When was it discovered	(date)
2	What is the specific location in or on the body where it is located?			
3.	How many were present or removed?			
4	What type of treatment has client had?			
5	List current medications (accurate name, dosage and reason)			
6	If removed surgically, what was the pathological diagnosis	<input type="checkbox"/> benign		
		<input type="checkbox"/> malignant, (if you have the pathology report, please provide it)		
7	Does the client have any other health issues	<input type="checkbox"/> Yes	If yes provide details:	
		<input type="checkbox"/> No		

**Confidential**

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