



Breast Cancer Questionnaire

Submit This Form with your application for better informed underwriting

Client Information

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

Essential Information

1	Date of Diagnosis	Date last treatment was completed			
2	How was the cancer treated?	Excisional biopsy only		Radiation Therapy	
		Lumpectomy or wide excision		Chemotherapy	
		Mastectomy		Hormonal Therapy (Taxmoxifen)	
3	List current medications (provide accurate name, dosage and reason)				
4	What stage was the cancer	Stage O(in-situ)		Stage II	Stage IV
		Stage I		Stage III	
5	Were lymph nodes involved?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, how many	
6.	Has there been any evidence of recurrence?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, provide details	
7.	Date and results of last mammogram	Date:	Results:		
8.	List any other Health issues (another questionnaire may be needed)				

Confidential

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Date Published: 9/5/2014

Don Booser & Associates

P: 1-800-543-0886
F: 1-888-543-0886