Cervical 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?	Cone Surgery	Radiation Therapy	
		Total Hysterectomy	Chemotherapy	
3	List current medications (provide accurate name, dosage and reason)			
4	What stage was the cancer	Stage 0 (in-situ)	Stage Ib	Stage III
		Stage Ia	Stage II	Stage IV
5	Were lymph nodes involved?	☐ Yes ☐ No	If yes, how many	
6.	Has there been any evidence of recurrence?	☐ Yes ☐ No	If yes, provide details	
7.	List any other Health issues (another questionnaire may be needed)			

Don Boozer & Associates
P: 1-800-543-0886
F: 1-888-543-0886