



# Breast Cancer 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	Date of Diagnosis	Date last treatment was completed			
2	How was the cancer treated?	Surgery	Radiation	Chemotherapy	
3	List current medications (provide accurate name, dosage and reason)				
4	What stage was the cancer	Stage I		Stage III	
		Stage II		Stage IV	
5.	Has there been any evidence of recurrence?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, provide details	
6.	Date and results of most recent CA125 (if available)	Date:	Results:		
7.	List any other Health issues (another questionnaire may be needed)				