

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	What type of cancer was diagnosed?		Date treatment was completed	
2	Date of first diagnosis		Is there a family history of cancer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>If there is history please give details:</i>			
3	List current medications (provide accurate name, dosage and reason)			
4	How was the cancer treated?	Surgery		Immunotherapy
		Hormonal Therapy		Radiation Therapy
		Chemotherapy		Other
<i>If other: give full details:</i>				
5.	Has there been any evidence of recurrence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, provide details</i>	
6.	What was the stage and grade of the cancer?	Stage:	Grade	
7.	What did the pathology report reveal?			
8.	List any other Health issues (another questionnaire may be needed)			

Confidential

Cancer Questionnaire
Date Published: 9/8/2014

Don Booser & Associates

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