

Skin 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	What Type of skin cancer was diagnosed?	Basal Cell Carcinoma			
		Squamous Cell Carcinoma			
		Malignant Melanoma			
3	List current medications (provide accurate name, dosage and reason)				
4	Where was the skin cancer located?				
5.	Has the cancer metastasized (spread) beyond the skin	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has there been any evidence of recurrence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<i>If the cancer has metastasized or there has been recurrence provide details</i>				
6	For malignant melanoma only, what stage was the cancer?	Clark I (in situ)	Clark III / Breslow .75-15mm	Clark V / Breslow >4.0	
		Clark II Breslow <0.75 mm	Clark IV / Breslow 1.51-4.0 mm		
7.	List any other Health issues (another questionnaire may be needed)				