



**CANCER
BREAST CANCER QUESTIONNAIRE**

Agent: _____ Phone: _____ Fax: _____
 Proposed Insured Name: _____ M F Date of birth: _____
 Face Amount: _____ Max. Premium: \$ _____ / year UL WL Term Survivorship
 Do you currently smoke cigarettes? Y N If no, did you ever smoke: Never Quit (Date): _____
 Do you currently use any other tobacco products (e.g. nicotine patch, cigars, pipe, snuff, Nicorette gum...): Y N
 If Yes, please provide details: _____
 When did you last use any form of tobacco: ____ (Month) ____ (Year) Type used last: _____
 Height: _____ ft. _____ in. Weight: _____ lbs.

(1) **Date of Diagnosis:** _____ **Date of last treatment:** _____

(2) **Exact name of the type of breast cancer that has been diagnosed:** _____

(3) **What was the Stage of the cancer?**

- Stage 0 - Ductile carcinoma in-situ Stage 0 - Lobular carcinoma in-situ Stage 0 - Paget's disease of nipple
 Stage I Stage II Stage IIIA Stage IIIB Stage IV

(4) **Was the cancer Graded? If yes, what Grade was assigned?**

- Grade I Grade II Grade III Grade IV

(5) **How has the cancer been treated? (please check all that apply)**

- Excisional biopsy (limited excision) Lumpectomy (wide excision)
 Partial Mastectomy Modified Radical Mastectomy Radical Mastectomy
 Radiation Therapy
 Chemotherapy
 Hormone Therapy
 Bone Marrow Transplant

(6) **Does the proposed insured take any medications at this time?** No Yes

Name of medication (prescription or otherwise)	Dates used	Quantity taken	Frequency taken

(7) **Has there ever been any evidence of recurrence?**

No Yes Details: _____

(8) **Has there ever been any other kind of other cancer diagnosed for the proposed insured?**

No Yes Details: _____

(9) **Does the proposed insured have any other medical conditions? If yes, please describe:**

