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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:
