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# CANCER — CERVICAL 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) a) Please provide date of diagnosis: \_\_\_\_\_ b) Please provide date of last treatment: \_\_\_\_\_

(2) What was the Stage of the cancer diagnosed? (this information should be contained in the pathology report)

- 1A  1B  IIA  IIB  III  IVA  VIBB

Other staging method used: \_\_\_\_\_

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

- I  II  III  IV  Other grading method used: \_\_\_\_\_

(4) How has the cancer been treated?

Surgery: type of surgery and list what was removed: \_\_\_\_\_

Radiation  Chemotherapy  Biological Therapy  Hormone Therapy

Other: \_\_\_\_\_

(5) What is the current frequency for checkups? \_\_\_\_\_

(6) a) Approximate date of most recent Pap smear? \_\_\_\_\_ b) Approximate date of most recent full pelvic exam? \_\_\_\_\_

(7) Please describe any recurrence or other cancer that may have occurred: \_\_\_\_\_

(8) Has the proposed insured taken any medications to treat the cancer in the past and/or is he currently taking any medications?

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_