



**CANCER
SKIN 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) **Exact name of the cancer:** _____

(2) **a) Date of diagnosis:** _____ **b) Date of last treatment:** _____

(3) **How has the cancer been treated?**

Surgery - Date(s): _____ Other: _____

(4) **What was the Clark Level of the cancer? (malignant melanoma only)**

I (1) II (2) III (3) IV (4) V (5)

(5) **What was the Breslow Scale of the cancer? (malignant melanoma only)**

In-situ 0.74 mm or less 0.75 mm to 1.50 mm 1.51 mm to 4.00 mm 4.01 mm plus

(6) **Was any other Grade assigned to the cancer? If yes, please indicate what Grade was assigned:**

I (1) II (2) III (3) IV (4)

(7) **Has there been any evidence of recurrence?** No Yes Details: _____

(8) **Does the proposed insured take any medications at this time?**

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:**

