

Breast Cancer Questionnaire

Name Male Female Age Date of Birth

Tobacco Use No Cigarettes Other tobacco Date quit?

State Amount of Insurance Type of Insurance

Occupation/Source of income:

1. Type of Breast Cancer: Size of Tumor:

2. Date Cancer diagnosed: Date of last treatment:

3. Stage of Cancer: Grade of Tumor:

4. Number of positive lymph nodes:

5. Estrogen and Progesterone receptors: Positive Negative Unknown

6. Any Recurrences? No Yes- Details: Any metastasis? No Yes

7. Treatment

Surgery- Dates (s): Radiation- Dates:

Chemotherapy- Type: Dates:

Other treatment- Details and dates:

8. Other family members with breast cancer? No Yes- Details:

General Questions:

1. Do you have any other major health problems? No Yes – Details:

2. List all medications:

3. Height: Weight: Most recent blood pressure reading:

Agent Name:

Address: City: State: Zip:

Phone: Fax: Email:

The information gathered above will be used in the evaluation of the insurability of the applicant. All offers are tentative and are subject to verification of the submitted medical evidence and other criteria used in the underwriting of life insurance Copyright 2000 to 2004.

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