

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 Cancer: _____ Location: _____

2. Date Cancer diagnosed? _____ Date of Last Treatment: _____

3. Stage of Cancer: _____ Grade of Tumor: _____

4. Any Recurrences? No Yes- Details: _____

5. Any Metastasis? No Yes _____

6. Treatment: Surgery- Date (s): _____ Radiation- Dates: _____

Chemotherapy- Type: _____ Dates: _____

Other treatment- Detail and dates: _____

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. By Fredric Berger. All rights reserved.