

MEDICAL HISTORY QUESTIONNAIRE: SKIN CANCER

Client Name: _____ Date of Birth: _____

Gender: ☐ Male ☐ Female Height: _____ Weight: _____

Tobacco Usage:

☐ Never

☐ Former

☐ Current

Date Stopped: _____

Type: _____

Coverage Information:

Type: ☐ Term

☐ WL

☐ UL

☐ VUL

☐ IUL

☐ Survivorship

Face Amount: _____

Premium Tolerance: _____

Proposed Insured's Existing Insurance

Insurance Company	Face Amount	Year Issued	Replacement (Yes/No)

1. Date of Diagnosis _____

2. What type of cancer was diagnosed? ☐ Basal Cell Carcinoma ☐ Squamous Cell Carcinoma

☐ Malignant Melanoma

3. For malignant melanoma only, what stage was the cancer?

☐ Clark I/in situ

☐ Clark II/Breslow < 0.75mm

☐ Clark III/Breslow .75 - 1.5mm

☐ Clark IV/Breslow 1.51 - 4mm

☐ Clark V/Breslow >4.00mm

4. Where was the skin cancer located? _____

5. Has the cancer metastasized (spread) beyond the skin? ☐ No ☐ Yes

If yes, please provide details: _____

6. Please list current medications

Name of Medication	Dosage	Reason

7. Are there any other health issues? (Additional Questionnaires may be required) ☐ No ☐ Yes

If yes, please provide details: _____
