

MEDICAL HISTORY QUESTIONNAIRE: BREAST CANCER

Client Name: _____ Date of Birth: _____
 Gender: Male Female Height: _____ Weight: _____
 Tobacco Usage: Never Former Current Date Stopped: _____ Type: _____
 Coverage Information: Type: Term UL IUL WL VUL Survivorship
 Face Amount: _____
 Premium Tolerance: _____

Proposed Insured's Existing Insurance

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

1. Date of Diagnosis _____
 2. How was the cancer treated? (check all that apply)
 Excisional biopsy only lumpectomy or wide excision Mastectomy
 Radiation therapy Chemotherapy Hormonal therapy (tamoxifen)
 3. Date treatment was completed: _____
 4. What stage was the cancer?
 0 - in situ I II III IV
 5. Were any lymph nodes involved? No Yes
 If yes, how many: _____
 6. Has there been any evidence of recurrence? No Yes
 If yes, please provide details: _____

7. Date and results of last mammogram: _____

8. Please list current medications

Name of Medication	Dosage	Reason

9. Are there any other health issues? (Additional Questionnaires may be required) No Yes
 If yes, please provide details: _____