

MEDICAL HISTORY QUESTIONNAIRE: BREAST CANCER

Client Name: _____ Date of Birth: _____

Gender: Male Female Height: _____ Weight: _____

Tobacco Usage:

Never
 Former Date Stopped: _____
 Current 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: _____