

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: _____