

# CANCER—BREAST

**CLIENT NAME:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Male  Female Date of birth: \_\_\_\_\_ Height: \_\_\_\_\_' \_\_\_\_\_" Weight: \_\_\_\_\_

**Tobacco Use:**  Never used  Totally stopped Date stopped: \_\_\_\_\_  Use now Type of nicotine product: \_\_\_\_\_

**Type of Coverage:**  Term  UL  Survivor **Type of Coverage:**  Term  UL  Survivor UL

**Coverage Amount:** \_\_\_\_\_ **Anticipated Premium:** \_\_\_\_\_

## FAMILY HISTORY

Has proposed insured had a parent, brother or sister who had cancer, diabetes, stroke, heart or kidney disease or who committed suicide?  
**If yes, use separate sheet to provide this information, including age of onset and date of death**

PROPOSED INSURED'S EXISTING INSURANCE			
Full Name of Company	Face Amount	Year Issued	Is Policy to be Replaced?

1. Date of diagnoses: \_\_\_\_\_

2. How was the cancer treated?

- Excisional biopsy only
- Lumpectomy or wide excision
- Mastectomy
- Radiation therapy
- Chemotherapy
- Hormonal therapy (tamoxifen)

3. List date treatment was completed: \_\_\_\_\_

4. Is client on any medications?

No  Yes; please give details \_\_\_\_\_

5. What stage was the cancer?

- Stage 0 (in-situ)  Stage I  Stage II  Stage III  Stage IV

6. Were lymph nodes involved?  No  Yes; If yes, how many? \_\_\_\_\_

7. Has there been any evidence of recurrence?

No  Yes; please give details \_\_\_\_\_

8. Date and results of last mammogram: \_\_\_\_\_

9. Are there any other health issues? (additional questionnaires may be required)  No  Yes; please give details