

CANCER-GENERAL CANCER QUESTIONNAIRE

Agent:	Phone:	Fax:	
Proposed Insured Name:			
(1) Location of the cancer:	: Exact type of cancer:		
(2) What was the Grade of the cancer?			
□ I (1) □ II (2) □ III (3) □ IV (4)	☐ Other:		
(3) What was the Stage of the cancer?			
□ I (1) □ II (2) □ III (3) □ IV (4) □ A □ A1 □ A2 □ B □ B1 □ B2 □ C □ C1 □ C2 □ D □ D1 □ D2	□ Other:		
(4) Date of diagnosis: b) Date of last treatment:			
(5) How has the cancer been treated (please check all that apply)?			
☐ Surgery ☐ Radiation ☐ Chemotherapy ☐ Hormone Therapy ☐ Immunotherapy ☐ Observation Only			
(6) Has there been any evidence of recurrence? No Pres Details:			
(7) Does the proposed insured take any medications at this time?			
Name of Medication (Prescription or Otherwise)	Dates used	Reason for Rx	Diagnosis Date
(8) Does the proposed insured have any other medical cond	ditions? If yes, please descri	ibe:	

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If at all possible, please obtain and fax to us the 1 - 2 page "pathology report". Your client may have this report handy. If not, it is normally possible for your client to get this report faxed free of charge. It will enable us to work with you prior to a formal application to determine if coverage is now available, and for what likely premium. Thank you.