



Breast Cancer Questionnaire

Name

DOB

Gender

Desired face amount and type of coverage:	
Height and Weight:	
Date of or Age at Diagnosis:	
What was the staging of the cancer? Include size, growth, grade, and location of the tumor:	<input type="checkbox"/> Stage 0 (in-situ) <input type="checkbox"/> Stage III <input type="checkbox"/> Stage I <input type="checkbox"/> Stage IV <input type="checkbox"/> Stage II <input type="checkbox"/> Size: _____
How was the cancer treated? Check all that apply:	<input type="checkbox"/> Lumpectomy or wide excision <input type="checkbox"/> Radiation therapy <input type="checkbox"/> Removal of tumor only <input type="checkbox"/> Chemotherapy <input type="checkbox"/> Mastectomy <input type="checkbox"/> Hormonal therapy
Were lymph nodes involved? If yes, how many?	
Provide the date treatment was completed:	
Medications currently being taken (provide dosage and frequency):	
Have all follow-up mammograms and doctor visits been normal? Provide date of last mammogram:	
Any evidence of recurrence?	
Does the client have a family history of cancer, breast or other?	
Has the client smoked cigarettes in the last 12 months?	
Has the client ever had any other major medical conditions? Provide diagnosis date, treatment, results, etc.	

Please return the completed form to your financial professionals.

All quotes are tentative and are NOT BINDING and SUBJECT TO full underwriting which may include exams, labs, doctor records, and/or any other information obtained during the underwriting process.