

CANCER QUESTIONNAIRE

DATE: _____ ADVISOR NAME: _____
PHONE: _____ FAX: _____ EMAIL: _____

CLIENT INFORMATION:

PROPOSED INSURED: _____ DATE OF BIRTH: ___/___/___

MALE FEMALE STATE OF SALE: _____

TOBACCO USE: YES NO QUIT WHEN _____

OTHER COMPANY ACTIONS: RATED TABLE _____ POSTPONED DECLINED - WHEN _____

OTHER COMPANY DETAILS: _____

TYPE OF MALIGNANCY OR CANCER:

BLADDER

BREAST

CERVICAL

COLON OR RECTAL

HODGKIN DISEASE

MELANOMA*

PROSTATE

SKIN*

OTHER: _____

HAS THERE BEEN ANY MEDICAL EVIDENCE OF RECURRING CANCER? NO YES

IF YES, MONTH YEAR: ___/___

PLEASE LIST ANY OTHER ILLNESS OR IMPAIRMENTS:

PLEASE LIST ANY MEDICATIONS CURRENTLY TAKEN:

*IF MELANOMA OR SKIN CANCER, INDICATE TYPE AND WHERE ON BODY CANCER WAS LOCATED.

TYPE: _____

WHERE: _____

DATE DIAGNOSED: ___/___/___

STAGE OF TUMOR OR MALIGNANCY:

1 2B 3B OTHER

2 3 4

2A 3A 5

ANY POSITIVE LYMPH NODES?

YES - HOW MANY? _____ NO

PLEASE CHECK ALL TREATMENTS:

SURGICAL REMOVAL OF MALIGNANCY

CHEMOTHERAPY

RADIATION THERAPY

HORMONAL THERAPY (ORCHIDECTOMY - DES. LUPRON)

OTHER: _____

WHEN WAS TREATMENT LAST RECEIVED?

MONTH YEAR: ___/___

ANSWER IF COLON OR RECTAL CANCER ARE INVOLVED:

DUKES SCALE:

A1 C1

B1 C2

B D

ANSWER IF MELANOMA IS INVOLVED:

CLARKS LEVEL:

I IV

II V

III

ANSWER IF PROSTATE CANCER IS INVOLVED: WHAT WERE THE RESULTS OF YOUR MOST RECENT PSA TEST?

GLEASONS GRADE:

I III

II IV

HAS EITHER PARENT OR ANY SIBLING DIED BEFORE AGE 65, OTHER THAN BY ACCIDENT?

NO YES - CAUSE: _____

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