

**MEDICAL HISTORY QUESTIONNAIRE: BREAST CANCER**

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender:  Male  Female Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Tobacco Usage:  Never  Former  Current Date Stopped: \_\_\_\_\_ Type: \_\_\_\_\_

Coverage Information: Type:  Term  UL  IUL  WL  VUL  Survivorship

Face Amount: \_\_\_\_\_ Premium Tolerance: \_\_\_\_\_

Proposed Insured's Existing Insurance			
Insurance Company	Face Amount	Year Issued	Replacement (Yes/No)

1. Date of Diagnosis \_\_\_\_\_

2. How was the cancer treated? (check all that apply)

Excisional biopsy only  lumpectomy or wide excision  Mastectomy

Radiation therapy  Chemotherapy  Hormonal therapy (tamoxifen)

3. Date treatment was completed: \_\_\_\_\_

4. What stage was the cancer?

0 - in situ  I  II  III  IV

5. Were any lymph nodes involved?  No  Yes

If yes, how many: \_\_\_\_\_

6. Has there been any evidence of recurrence?  No  Yes

If yes, please provide details: \_\_\_\_\_

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

8. Please list current medications

Name of Medication	Dosage	Reason

9. Are there any other health issues? (Additional Questionnaires may be required)  No  Yes

If yes, please provide details: \_\_\_\_\_