

## MEDICAL HISTORY QUESTIONNAIRE: SKIN CANCER

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

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

Tobacco Usage:

Coverage Information:

Never

Type:  Term

UL

IUL

Former

Date Stopped: \_\_\_\_\_

WL

VUL

Survivorship

Current

Type: \_\_\_\_\_

Face Amount: \_\_\_\_\_

Premium Tolerance: \_\_\_\_\_

### Proposed Insured's Existing Insurance

Insurance Company	Face Amount	Year Issued	Replacement (Yes/No)

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

2. What type of cancer was diagnosed?  Basal Cell Carcinoma  Squamous Cell Carcinoma  
 Malignant Melanoma

3. For malignant melanoma only, what stage was the cancer?

Clark I/in situ

Clark II/Breslow < 0.75mm

Clark III/Breslow .75 - 1.5mm

Clark IV/Breslow 1.51 - 4mm

Clark V/Breslow >4.00mm

4. Where was the skin cancer located? \_\_\_\_\_

5. Has the cancer metastasized (spread) beyond the skin?  No  Yes

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

6. Please list current medications

Name of Medication	Dosage	Reason

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

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