



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: _____