



MEDICAL HISTORY QUESTIONNAIRE: CERVICAL CANCER

Client Name: _____ Date of Birth: _____

Gender: Male Female Height: _____ Weight: _____

Tobacco Usage:
 Never
 Former Date Stopped: _____
 Current 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. What stage was the cancer?
 0 IA IB IIA IIB
 III IV

3. How was the cancer treated? (check all that apply)
 Cone surgery Total Hysterectomy Radiation Therapy
 Chemotherapy

4. Date treatment was completed: _____

5. Has there been any evidence of recurrence? 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: _____