

CANCER—BREAST CANCER QUESTIONNAIRE

Agent: _____ Phone: _____ Fax: _____

Proposed Insured Name: _____ M F Date of Birth: _____
 Face Amount: _____ Max. Premium: \$ _____/year UL WL Term Survivorship
 Do you currently smoke cigarettes? Y N If no, did you ever smoke: Never Quit (Date): _____
 Do you currently use any other tobacco products (e.g. cigars, pipe, snuff, nicotine patch, Nicorette gum...): Y N
 If Yes, please provide details: _____
 When did you last use any form of tobacco: _____ (Month) _____ (Year) Type used last: _____
 Height: _____ ft. _____ in. Weight: _____ lbs.

(1) *Date of diagnosis:* _____ *Date of last treatment:* _____

(2) *Exact name of the type of breast cancer that has been diagnosed:* _____

(3) *What was the Stage of the cancer?*

- Stage 0 - Ductile carcinoma in-situ
 Stage 0 - Lobular carcinoma in-situ
 Stage 0 - Paget's disease of nipple
 Stage I
 Stage II
 Stage IIIA
 Stage IIIB
 Stage IV

(4) *Was the cancer Graded? If so, what Grade was assigned?*

- Grade I
 Grade II
 Grade III
 Grade IV

(5) *How has the cancer been treated (please check all that apply)?*

- Excisional biopsy (limited excision)
 Lumpectomy (wide excision)
 Partial Mastectomy
 Modified Radical Mastectomy
 Radical Mastectomy
 Radiation Therapy
 Chemotherapy
 Hormone Therapy
 Bone Marrow Transplant

(6) *Does the proposed insured take any medications at this time?* No Yes:

Name of Medication (Prescription or Otherwise)	Dates used	Quantity Taken	Frequency Taken

(7) *Has there been any evidence of recurrence?*

- No Yes Details: _____

(8) *Has there ever been any kind of other cancer diagnosed for the proposed insured?*

- No Yes Details: _____

(9) *Does the proposed insured have any other medical conditions? If yes, please describe:*

BULBROOK/DRISLANE BROKERAGE
 Email: Info@bulbrookdrislane.com
 Fax: (781)237-8846