



Broker Name: _____

1. Name of Proposed Insured: _____ Date of Birth: _____

2. Height: _____ ft. _____ in. Weight: _____ lbs. Weight two years ago: _____ lbs.

3. Have you ever used tobacco? Yes No Date Last Used: _____ Type: _____

4. Please note type of cancer diagnosed: _____

5. List date of first diagnosis: _____

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

- Surgery Date: _____
- Radiation therapy Date: _____
- Immunotherapy Date: _____
- Chemotherapy Date: _____
- Hormonal therapy Date: _____

7. Please list stage and grade of the cancer: _____

8. Are you on any medications? Yes No

If "Yes", please give name, dosage, and frequency: _____

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

If "Yes", please give details: _____

10. Do you have any other major health problems (ex: heart disease, etc.)? Yes No

If "Yes", please give details: _____

11. Is there a history of cancer among your parents, brothers or sisters? Yes No

	Age(s) if Living	Health	Age(s) at Death	Cause of Death
Father				
Mother				
Brothers				
Sisters				