

## CANCER—SKIN 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: \_\_\_\_\_

(1) *Exact name of the cancer:* \_\_\_\_\_

(2) *Date of diagnosis:* \_\_\_\_\_ *b) Date of last treatment:* \_\_\_\_\_

(3) *How has the cancer been treated?*

Surgery - Date(s): \_\_\_\_\_  Other: \_\_\_\_\_

(4) *What was the Clark Level of the cancer (malignant melanoma only)?*

I (1)  II (2)  III (3)  IV (4)  V (5)

(5) *What was the Breslow Scale of the cancer (malignant melanoma only)?*

In-situ  0.74 mm or less  0.75 mm to 1.50 mm  1.51 mm to 4.00 mm  4.01 mm plus

(6) *Was any other Grade assigned to the cancer? If yes, please indicate what Grade was assigned:*

I (1)  II (2)  III (3)  IV (4)

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

No  Yes Details: \_\_\_\_\_

(8) *Does the proposed insured take any medications at this time?*

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_