

# CANCER—CERVICAL

**CLIENT NAME:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Male  Female Date of birth: \_\_\_\_\_ Height: \_\_\_\_\_' \_\_\_\_\_" Weight: \_\_\_\_\_

**Tobacco Use:**  Never used  Totally stopped Date stopped: \_\_\_\_\_  Use now Type of nicotine product: \_\_\_\_\_

**Type of Coverage:**  Term  UL  Survivor **Type of Coverage:**  Term  UL  Survivor UL

**Coverage Amount:** \_\_\_\_\_ **Anticipated Premium:** \_\_\_\_\_

## FAMILY HISTORY

Has proposed insured had a parent, brother or sister who had cancer, diabetes, stroke, heart or kidney disease or who committed suicide?  
**If yes, use separate sheet to provide this information, including age of onset and date of death**

### PROPOSED INSURED'S EXISTING INSURANCE

Full Name of Company	Face Amount	Year Issued	Is Policy to be Replaced?

1. Date of diagnoses: \_\_\_\_\_

2. What stage was the cancer?

Stage 0 (in-situ)  Stage Ia  Stage Ib  Stage II  Stage III  Stage IV

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

Cone surgery  Total hysterectomy  Radiation therapy  Chemotherapy

4. Indicate date treatment was completed: \_\_\_\_\_

5. Has there been any evidence of recurrence?

No  Yes; please give details \_\_\_\_\_

6. List all medications client is taking. (accurate name, dosage, and reason)

(Accurate) Name of Medication	Dosage	Reason

7. Are there any other health issues? (additional questionnaires may be required)  No  Yes; please give details

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