

## **CANCER**—CERVICAL

CLIENT NAME:			Date:	
☐ Male  ☐ Female Date of birth:	Height:'			
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?	
<ul> <li>1. Date of diagnoses:</li> <li>2. What stage was the cancer?</li> <li>Stage 0 (in-situ)</li></ul>		□ 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 comple	eted: / /			
5. Has there been any evidence of rec	urrence?			
$\Box$ No $\Box$ 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