

CANCER— COLORECTAL CANCER QUESTIONNAIRE

Agent: _____	Phone: _____	Fax: _____
Proposed Insured Name: _____ <input type="checkbox"/> M <input type="checkbox"/> F Date of Birth: _____		
Face Amount: _____ Max. Premium: \$ _____/year <input type="checkbox"/> UL <input type="checkbox"/> WL <input type="checkbox"/> Term <input type="checkbox"/> Survivorship		
Do you currently smoke cigarettes? <input type="checkbox"/> Y <input type="checkbox"/> N If no, did you ever smoke: <input type="checkbox"/> Never <input type="checkbox"/> Quit (Date): _____		
Do you currently use any other tobacco products (e.g. cigars, pipe, snuff, nicotine patch, Nicorette gum...): <input type="checkbox"/> Y <input type="checkbox"/> N		
If yes, please provide details: _____		
When did you last use any form of tobacco: ____ (Month) ____ (Year) Type used last: _____		

(1) Date of first diagnosis: _____ **Age at diagnosis:** _____

(2) Type of colon cancer: _____ **Date treatment ended:** _____

(3) Stage and grade of the cancer: Stage of cancer: _____ **Grade of cancer:** _____

- In situ TNM Staging: _____
 Dukes' Staging: _____ AJCC Staging: _____
 Other staging system used: _____

(4) How was the cancer treated? Please check all that apply:

- Surgery Radiation Chemotherapy
 Other: _____

(5) Any family history of colon cancer? No Yes

Who / Age? _____ Who / Age? _____ Who / Age? _____

(6) Is the proposed insured currently taking any medications? If yes:

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

(7) How often does the proposed insured have a cancer screen to detect possible recurrence?

- Every 3 months Every 6 months Yearly Every 2 years Every 5 years

(8) Has there been any evidence of recurrence? If yes, please provide details: _____

(9) Does the proposed insured have any other medical conditions or are there other underwriting conditions?
