

CANCER—CERVICAL 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: _____
 Height: _____ft. _____in. Weight: _____lbs.

(1) a) Please provide date of diagnosis: _____ b) Please provide date of last treatment: _____

(2) What was the Stage of the cancer diagnosed (this information should be contained in the pathology report)?

IA IB IIA IIB III IVA VIBB

Other staging method used: _____

(3) If the cancer was graded, what grade was assigned?

I II III IV Other grading method used: _____

(4) How has the cancer been treated?

Surgery: type of surgery and list what was removed: _____

Radiation Chemotherapy Biological Therapy Hormone Therapy

Other: _____

(5) What is the current frequency for checkups? _____

(6) a) Approximate date of most recent Pap smear? _____ b) Approximate date of most recent full pelvic exam? _____

(7) Please describe any recurrence or other cancer that may have occurred: _____

(8) Has the proposed insured taken any medications to treat the cancer in the past and/or is he currently taking any medications?

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:

