Life Scan Questionnaire for **CANCER**

LIFE INSURANCE RISK EVALUATION AND MARKET SEARCH

For_____________________________________ [ ] Male [ ] Female

Date of Birth __________________ Age _________ State _________

Height _________ Weight ________ **[ ] Non Smoker** **[ ] Smoker**

Have you ever used tobacco? [ ] Yes [ ] No If yes, state month and year of last us of any tobacco product: ______________________

Type of tobacco used: [ ] Cigarettes [ ] Cigars [ ] Chews [ ] Pipe

Amt$______________ Type: [ ] Whole Life or Universal [ ] Term

Last application for life insurance: Year_____ Company___________

Result: [ ] Preferred [ ] Standard [ ] Rated/Rating_____ [ ] Declined

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Type of malignancy or cancer?

[ ] Bladder [ ] Hodgkin's disease

[ ] Breast [ ] Colon or Rectal (also complete #7)

[ ] Cervical [ ] Prostate (also complete question #9)

[ ] Melanoma* (also complete question #8) [ ] Skin*

[ ] Other___________________________

*If Melanoma or Skin were marked please indicate type and area on the body cancer was located

Type_________________ Location___________________________

2. Date diagnosed?

   Month___________________ Year____________________________

3. Stage of tumor or malignancy?

   [ ] 1 [ ] 2 [ ] 2a [ ] 2b [ ] 3 [ ] 3a [ ] 3b [ ] 4 [ ] 5

   [ ] Other_________________________________

4. Treatment? Check all treatments that were used.

   [ ] Surgical removal of malignancy [ ] Radiation therapy

   [ ] Hormonal (orchidectomy des lupron) [ ] Chemo-therapy

   [ ] Other___________________________

5. When was last treatment received?

   Month__________________ Year____________________________

6. Has there been any medical evidence of recurrent cancer?

   [ ] No [ ] Yes If yes, Month_____________ Year_____________

7. Use only when **Colon or Rectal** cancer is involved.

   Dukes scale [ ] A1 [ ] B1 [ ]B2 [ ] C1 [ ] C2 [ ] D

8. Use only when **Melanoma** is involved.

   Clarks level [ ] I [ ] II [ ] III [ ] IV [ ] V [ ] VI

9. Use only when **Prostate Cancer** is involved

   What were the results of the last PSA test?_____________________

   Gleasons grade total, if known_________________________________

Life Factors

Date of last stress EKG

Month ____Year ___ [ ] Never

Family History, has either parent or any sibling died before age 65?

[ ] Yes [ ] No If yes, please list cause and age.

____

____

Blood Pressure, with or without medication ______ /______

List medication, if any

____

Result of last **Cholesterol** test, if known ____________

List all **Other Illnesses** not listed on this page.

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____

List all medications currently being used except those previously listed.

(name, dosage and times per day)

____

Agent Information

Name _________________________

Address ________________ Suite ______

City ___________________________

ST ___ Zip _____ email____________

Phone___________________________

LIFE INSURANCE SOLUTIONS .biz

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This is not an application for life insurance. The information contained herein will be used solely for the purpose of assessing which insurance carriers are likely to respond most favorably to the risk situation as stated above. The questions and answers listed will be used in the evaluation of the person listed above. All quotes are tentative, and are subject to the submitted medical evidence and other criteria used in the underwriting of life insurance. Copyright 1997 George Varanakis