

Breast Cancer

Questionnaire



Knowledge. Experience. Results.

Please answer all questions applicable to the client's medical history.

Producer Name _____ Phone _____ Date _____

Client Name _____ Date of Birth _____ Male Female

Face Amount _____ Max Premium \$ _____ /yr. Term Permanent

Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)? Yes No

Frequency _____ Date of last use _____ Type _____

Date of diagnosis _____ Date of last treatment _____

Type of breast cancer

Ductal In-Situ Lobular Medullary Mucoïd Tubular

Stage of Cancer

Tis T0 T1mic T1a T1b
 T1c T1 T2 T3 T4

Grade

Grade 1 Grade 2 Grade 3 Grade 4

Did the lymph nodes test positive for cancer Yes No If yes, how many _____

Was the cancer ER/PR positive Yes No

Check all that apply

Modified radical mastectomy Excisional biopsy (limited excision) Lumpectomy (wide excision)
 Partial mastectomy Chemotherapy Hormone therapy
 Radical mastectomy Radiation therapy Bone marrow transplant

Any evidence of recurrence Yes No If yes, provide details _____

Any family history of breast cancer? Yes No If yes, provide details

Relative _____ Age of onset _____ Age of death (if applicable) _____

Relative _____ Age of onset _____ Age of death (if applicable) _____

Relative _____ Age of onset _____ Age of death (if applicable) _____

Name of Medication (prescription or otherwise)	Dates Used	Quantity Taken	Frequency Taken

List any other major health problems the client has:

Questions? Call Jim or Teresa at 877.564.1707.

Please email the completed form to jrmosel@moseleymcgill.com.

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