

Colorectal 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 first diagnosis _____ Date of last diagnosis _____

Stage and grade of cancer

- 0 (In Situ) 1 (T1 NO MO) 1 (T2 NO MO) 2A (T3 NO MO)
 2B (T4 NO MO) 3A, 3B (T1, 2 or T3,4, N1, MO) 3C,4 (T any, N2, or M1)

Other staging system used _____ Stage of cancer _____ Grade of cancer _____

Treatment Surgery Radiation Chemotherapy
 Other _____

If surgery, select type Polyp(s) removed Resection Complete removal with colostomy

Date of last treatment _____

How often does the client have a cancer screen to detect possible recurrence? _____

Date of last colonoscopy _____

Has there been any evidence of recurrence Yes No If yes, provide details _____

Any family history of colon cancer Yes No If yes, whom, onset age, 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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