

Melanoma/Skin 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 _____

What type of skin cancer was diagnosed?

Basal cell carcinoma Squamous cell carcinoma Malignant melanoma Dysplastic nevi syndrome

Date of diagnosis _____ Date of last treatment _____ Number of lesions _____

Location of skin cancer(s) _____

How has the cancer been treated?

Surgery, provide date(s) _____ Other _____

Clark Level of the cancer (malignant melanoma only)

I(1) II(2) III(3) IV(4) V(5)

Breslow Scale of the cancer (malignant melanoma only)

In-situ 0.74 mm or less 0.75 mm to 1.50 mm 1.51 mm to 4.00 mm 4.01 mm plus

TNM Stage

T1a T1b T2a T2b T3a T3b T4a T4b Any N1-3 M1

Any evidence of recurrence?

Yes No If yes, provide details _____

Any family history of melanoma?

Yes No If yes, provide details _____

Any family history of dysplastic nevi syndrome?

Yes No If yes, provide details _____

| 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.

For Insurance Professional Use Only — not intended for use in solicitation of sales to the public. Products and programs offered through Tellus are not approved for use in all states. 07.10.17

Copyright © 2016 Tellus Brokerage Connections.

