

Cervical Cancer
Cervical Cancer is not an underwriter
rating category

Producer _____ Phone _____ Fax _____

Client _____ Age/DOB _____ Sex _____

If your client has a history of Cervical Cancer, please answer the following:

1. Please list date of diagnosis: _____

2. What stage was the cancer?

Stage 0 (in-situ)

Stage II

Stage Ia

Stage III

Stage Ib

Stage IV

3. How was the cancer treated? (check all that apply):

cone surgery

total hysterectomy

radiation therapy

chemotherapy

4. Please list date treatment was completed: _____

5. Is your client on any medications?

yes, please give details _____

no

7. Has your client smoked cigarettes in the last 12 months?

yes, please give details _____

no

8. Does your client have any other major health problems (ex: heart disease, etc.)?

yes, please give details _____

no