

General Cancer Questionnaire

General Concepts
and Concepts of the General Insurance
(See the attached)

Producer _____ Phone _____ Fax _____

Client _____ Age/DOB _____ Sex _____

If your client has had cancer, please answer the following:

1. Please note type of cancer diagnosed: _____

2. List date of first diagnosis: _____

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

surgery

chemotherapy

radiation therapy

hormonal therapy

immunotherapy

4. List date treatment was completed: _____

5. Please list stage and grade of the cancer: _____

6. Is your client on any medications?

yes, please give details _____

no

7. Has there been any evidence of recurrence?

yes, please give details _____

no

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

yes

no

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

yes, please give details _____

no