



BREAST CANCER
PRELIMINARY UNDERWRITING QUESTIONNAIRE

Client:

Gender: M F DOB:

Height: Weight:

Coverage Desired?

Amount?

Plan Desired?

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

CANCER HISTORY

1. What was the date of initial treatment or diagnosis?

2. How was the cancer treated? Select all that apply.

- Excisional biopsy only
- Lumpectomy or wide excision
- Mastectomy
- Radiation therapy
- Chemotherapy
- Hormonal therapy (tamoxifen)

3. Please list date treatment was completed:

4. What Stage was the cancer? 0 (in-situ) I II III IV

5. What Grade was the cancer?

6. Were lymph nodes involved? Yes No

If yes, how many?

7. Has there been any evidence of recurrence? Yes No

If yes, please give details:

CURRENT STATE

8. Please list current medications:

9. Date and results of last mammogram:

10. Has your client smoked cigarettes in the last 12 months? Yes No

11. Does your client have any other major health problems (ex: cancer, diabetes, etc.)? Yes No

If yes, please give details:

ADDITIONAL COMMENTS

Do you have any additional comments?

Advisor:

Date:

For more information, contact:
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