Underwriting Questionnaire Breast Cancer					
Producer Name	Pho	one	Da	ate	- "%
Client Name	Date of Birth				
Male Female Face Amount	Max P		Premium \$	/yr.	
□ Term □ Permanent Has the o	lient ever used an	y form of tobacco (cigarettes, cigars,	pipe, snuff, etc.)?	□Yes □No
Frequency		-			
	Date of last treatment				
Type of breast cancer	Lobular	Medullary	Mucoid	Tubular	
Stage of Cancer	T1mic T2	□T1a □T3	□T1b □T4		
Grade Grade 1 Grade 2	Grade 3	Grade 4			
Did the lymph nodes test positive for can	cer Yes	No If ye	es, how many		
Was the cancer ER/PR positive Yes	No				
Check all that apply Modified radical mastectomy Excisional biopsy (limited excisi Partial mastectomy Chemotherapy Radical mastectomy Radiation therapy Any evidence of recurrence Yes			on) Lumpectomy (wide excision) Hormone therapy Bone marrow transplant		
		es, provide details _			
Any family history of breast cancer?					
Relative	-		Age of death (if applicable) Age of death (if applicable)		
Relative Relative	-		-		
Name of Medication (prescription o	r otherwise)	Dates Used	Qua	antity Taken	Frequency Taken
				-	

List any other major health problems the client has:



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