Underwriting Questionnaire

Colorectal Cancer



Producer Name		Phone	. Date	— \\
Client Name		Date of Birth		
☐ Male ☐ Female	Face Amount	/yr.		
☐ Term ☐ Permane	nt Has the client ever used	any form of tobacco (cigaret	tes, cigars, pipe, snuff, etc.)	? □Yes □No
Frequency Date		of last use	Type	
Date of first diagnosis	5	Date of last diagnos	iis	
Stage and grade of ca 0 (In Situ) 2B (T4 NO N		□1 (T2 NO MO) 3,4, N1, MO)	□2A (T3 NO MO) □3C,4 (T any, N2, o	r M1)
Other staging system used		Stage of cancer	Grade of cancer	
	rgery Radiation her	☐ Chemotherapy		
	□Polyp(s) removed □I	·	removal with colostomy	
How often does the c	lient have a cancer screen to detect	possible recurrence?		
Date of last colonosco	opy			
Has there been any e	vidence of recurrence □Yes □N	lo If yes, provide details		
Any family history of	colon cancer □Yes □No If ye	s, whom, onset age, age of c	death (if applicable)	
Name of Medic	ation (prescription or otherwise)	Dates Used	Quantity Taken	Frequency Taken

List any other major health problems the client has:



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