

Cancer Questionnaire

Name _____ Sex M F Date of Birth _____

Height _____ Weight _____ Smoker? Y N State _____

Coverage Desired? _____ Amount _____ Plan Desired? _____

Have you ever been Rated or Declined for insurance? If YES Complete details please

When were you first told that you had Cancer? _____

Please describe the Cancer (Complete Details Please) _____

How was the cancer treated? (Please circle all that apply)
Surgery Chemotherapy Radiation Other

What was the size of the Tumor? _____

What was the Stage of the Tumor? _____

(Prostate only) What was the Gleason Score? _____

What was your PSA prior to treatment? _____ What is your PSA today? _____

When was most recent PSA test performed? _____

Has the cancer spread beyond the original site? Y N

Were any Lymph Nodes involved? Y N

If YES, Complete Details please _____

Are you on any Medication or Radiation Treatment now? Y N

When was the last date of Chemotherapy or Radiation Treatment? _____

Is there any evidence of recurrence? Y N

If YES, Complete Details please _____

What have been your recent Blood Pressure readings? _____

What has been your recent Cholesterol readings? _____

Do you have Diabetes? Y N When Diagnosed? _____

If YES, what medication are you taking? _____

Do you have any Family History of Breast Cancer, Heart Disease or Diabetes? _____

If YES, Complete Details please _____

Please list all medications being taken: _____

Do you have any other major health problems? (example: Coronary Artery Disease, etc)?

Please also submit a copy of the Pathology Report - We must have to quote properly.

Broker Submitting Questionnaire: _____

Address _____

Phone: _____ FAX: _____ E-mail: _____

Please send completed form:

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