

Full Name: _____ M F Date of Birth: _____

Face Amount: _____ Max. Premium: \$ _____/year UL WL Term Survivorship

Do you currently smoke cigarettes? Y N If no, did you ever smoke: Never Quit (Date): _____

Do you currently use any other tobacco products (e.g. cigars, pipe, snuff, nicotine patch, Nicorette gum...): Y N

If Yes, please provide details: _____

When did you last use any form of tobacco: _____ (Month) _____ (Year) Type used last: _____

(1) Date of diagnosis: _____ **Date of last treatment:** _____

(2) Exact name of the type of breast cancer that has been diagnosed: _____

(3) What was the Stage of the cancer?

- Stage 0 - Ductile carcinoma in-situ
 Stage 0 - Lobular carcinoma in-situ
 Stage 0 - Paget's disease of nipple
 Stage I
 Stage II
 Stage IIIA
 Stage IIIB
 Stage IV

(4) Was the cancer Graded? If so, what Grade was assigned?

- Grade I
 Grade II
 Grade III
 Grade IV

(5) How has the cancer been treated (please check all that apply)?

- Excisional biopsy (limited excision)
 Lumpectomy (wide excision)
 Radical Mastectomy
 Partial Mastectomy
 Modified Radical Mastectomy
 Radiation Therapy
 Chemotherapy
 Hormone Therapy
 Bone Marrow Transplant

(6) Are you taking any medications or have you in the last 5 years? No Yes:

Name of Medication (Prescription or Otherwise)	Dates used	Quantity Taken	Frequency Taken

(7) Has there been any evidence of recurrence?

- No Yes Details: _____

(8) Have you had any other cancer diagnoses? Please provide details.

- No Yes

(9) Do you have any other medical conditions? If yes, please describe: