

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. What was the stage of the cancer diagnosed (this information should be contained in the pathology report)?

- IA IB IIA IIB III IVA VIBB
 Other staging method used: _____

3. If the cancer was graded, what grade was assigned?

- I II III IV Other grading method used: _____

4. How has the cancer been treated?

Surgery: type of surgery and list what was removed: _____

- Radiation Chemotherapy Biological Therapy Hormone Therapy
 Other: _____

5. What is the current frequency for checkups? _____

6. Approximate date of most recent Pap smear? _____ Approximate date of most recent full pelvic exam? _____

7. Please describe any recurrence or other cancer that may have occurred:

8. Are you currently taking any medications or have you in the last 5 years (related or not related to your cancer)?

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

9. Do you have any other medical conditions? If yes, please provide details: