



CANCER QUESTIONNAIRE

Global Insurance Resources Group Inc.

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CLIENT: NAME _____ [] M [] F, DATE OF BIRTH _____

AGE _____ HT _____ WT _____ STATE _____

AMOUNT REQ. \$ _____ MAX. ANNUAL PREMIUM \$ _____

TYPE OF INSURANCE: [] PERM [] TERM YRS. LEVEL _____

TOBACCO USE: [] NO [] YES, DETAIL _____

REPLACING? [] NO [] YES CURRENT ANN. PREM. \$ _____

LAST LIFE INSURANCE APP. YEAR: _____ COMPANY _____
ACTION _____

AGENT: NAME _____ PHONE _____ FAX _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

1. TYPE OF MALIGNANCY OR CANCER?

- BLADDER
- BREAST
- CERVICAL
- COLON OR RECTAL*
* (ALSO COMPLETE QUESTION #7)
- HODGKIN'S DISEASE
- MELANOMA*
* (ALSO COMPLETE QUESTION #8)
- PROSTATE*
* (ALSO COMPLETE QUESTION #9)
- SKIN*
*IF MELANOMA OR SKIN CANCER, PLEASE
DETAIL:
- OTHER _____

TYPE _____

LOCATION ON BODY _____

**2. HAS TUMOR OR MALIGNANCY
METASTASIZED?**

[] YES [] NO, PLEASE DETAIL:

DATE DIAGNOSED: MONTH _____ YEAR _____

3. STAGE OF TUMOR OR MALIGNANCY:

**7. DUKE'S SCALE: (FOR COLON OR RECTAL
CANCER ONLY)**

[] A [] B1 [] C1 [] C2 [] D

**8. CLARK'S LEVEL (FOR MELANOMA
ONLY):**

[] I [] II [] III [] IV [] V
DEPTH OF MELANOMA _____

**9. (FOR PROSTATE CANCER ONLY)
STAGE;**

T _____ N _____ M _____ OR
[] 1 [] 2 [] 2A [] 2B [] 3 [] 3A [] 3B [] 4 [] 5

GLEASON'S GRADE:

[] 2 OR 3 [] 4 OR 5 [] 6 OR MORE
RESULTS OF MOST RECENT PSA TEST?

**10. HAS A PARENT, BROTHER OR SISTER
DIED PRIOR TO AGE 65, OTHER THAN BY
ACCIDENT?**

[] NO [] YES, PLEASE DETAIL

**11. DOES THE CLIENT EXERCISE THREE OR
MORE TIMES PER WEEK?**

T____N____M____OR
 1 2 2A 2B 3 3A 3B 4 5

OTHER _____

4. TYPES OF TREATMENT USED:(CHECK ALL APPLICABLE)

- SURGICAL REMOVAL OF MALIGNANCY
- CHEMOTHERAPY
- RADIATION THERAPY
- HORMONAL OR CHIDECTOMY - LUPRON
- OTHER _____

5. DATE OF LAST TREATMENT RECEIVED:

MONTH_____ YEAR_____

6. HAS THERE BEEN ANY MEDICAL EVIDENCE OF RECURRENT CANCER?

NO YES, PLEASE DETAIL:

MONTH_____ YEAR_____

NO YES, PLEASE DETAIL _____

12. CLIENT'S OCCUPATION

13. PLEASE LIST ANY OTHER ILLNESSES OR IMPAIRMENTS, ALONG WITH ANY AND ALL MEDICATIONS CURRENTLY BEING TAKEN, INCLUDE THE DOSAGE AND FREQUENCY OF EACH: