PINNEY
INSURANCE CENTER, INC.

A LifeMark Partner

Providing all the tools for your success

CANCER—BREAST CANCER QUESTIONNAIRE

Agent: Phone: Fax:

Proposed Insured 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

❒ T1a/b ❒ T1c ❒ T2 ❒ T3 ❒ T4 or tumor size: _____

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

❒ Grade I ❒ Grade II ❒ Grade III Any Metastasis? ❒ Yes ❒ No

(5) Estrogen Receptor ❒ Positive ❒ Negative Any Lymph Node Involvement? ❒ No ❒ Yes: # _____

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

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

(7) Does the proposed insured take any medications at this time? ❒ No ❒ Yes:

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

(8) Has there been any evidence of recurrence?

❒ No ❒ Yes Details: _____

(9) Has there ever been any kind of other cancer diagnosed for the proposed insured?

❒ No ❒ Yes Details: _____

_____

(10) Does the proposed insured have any other medical conditions? If yes, please describe:

_____

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