

BREAST CANCER QUESTIONNAIRE

DATE: _____ ADVISOR NAME: _____
PHONE: _____ FAX: _____ EMAIL: _____

CLIENT INFORMATION:

PROPOSED INSURED: _____ DATE OF BIRTH: ___/___/___
 MALE FEMALE STATE OF SALE: _____ SMOKED CIGARETTES IN PAST 12 MONTHS: YES NO

PLEASE ANSWER THE FOLLOWING:

DATE OF DIAGNOSIS: ___/___/___ DATE TREATMENT WAS COMPLETED: ___/___/___

HOW WAS THE CANCER TREATED? MASTECTOMY HORMONAL THERAPY (TAMOXIFEN)
 REMOVAL OF THE TUMOR ONLY RADIATION THERAPY CHEMOTHERAPY
 LUMPECTOMY OR WIDE EXCISION

IS THE PROPOSED INSURED ON ANY MEDICATION? NO

YES - GIVE DETAILS: _____

WHAT STAGE WAS THE CANCER? STAGE 0 (in-situ) STAGE I
 STAGE II STAGE III STAGE IV

WHAT WAS THE SIZE OF THE TUMOR? UP TO 1 CM 1 TO 2 CM 2 TO 3 CM
 3 TO 5 CM OVER 5 CM

HISTOLOGICAL GRADE: 1 2 3

ESTROGEN RECEPTOR: POSITIVE NEGATIVE

WERE LYMPH NODES INVOLVED? NO YES - HOW MANY? _____

HAS THERE BEEN ANY EVIDENCE OF RECURRENCE? NO

YES - GIVE DETAILS: _____

DATE OF LAST MAMMOGRAM: ___/___/___ RESULTS: _____

WHEN WAS THE PROPOSED INSURED'S LAST COLONOSCOPY AND CEA LEVEL? ___/___/___
DETAILS: _____

DOES THE PROPOSED INSURED HAVE ANY OTHER MAJOR HEALTH PROBLEMS? NO

YES - GIVE DETAILS: _____

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