

COLORECTAL CANCER QUESTIONNAIRE

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

CLIENT INFORMATION:

PROPOSED INSURED: _____ DATE OF BIRTH: ___/___/___

MALE FEMALE STATE OF SALE: _____

TOBACCO USE: YES NO QUIT WHEN _____

OTHER COMPANY ACTIONS: RATED TABLE ___ POSTPONED DECLINED - WHEN _____

OTHER COMPANY DETAILS: _____

DATE OF DIAGNOSIS: ___/___/___

TREATMENT: SURGERY SURGERY PLUS CHEMOTHERAPY AND/OR RADIATION

DATE OF TREATMENT COMPLETION: ___/___/___

PLEASE LIST ANY MEDICATIONS CURRENTLY TAKEN: _____

WHAT STAGE WAS THE CANCER?

- | | |
|--|--|
| <input type="checkbox"/> IN SITU | <input type="checkbox"/> DUKE'S STAGE B2 |
| <input type="checkbox"/> DUKE'S STAGE A | <input type="checkbox"/> DUKE'S STAGE C |
| <input type="checkbox"/> DUKE'S STAGE B1 | <input type="checkbox"/> DUKE'S STAGE D |

HAS THERE BEEN ANY EVIDENCE OF RECURRENCE?

- YES - GIVE DETAILS: _____
 NO

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

HAS PROPOSED INSURED SMOKED CIGARETTES IN THE LAST 12 MONTHS?

- YES - GIVE DETAILS: _____
 NO

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

PLEASE LIST ANY OTHER HEALTH ISSUES: _____

Please return via email at

PlusMarketing@pfnins.com



Visit our website at www.pfnins.com for additional sales tools.



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