

# SKIN 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

OTHER COMPANY DETAILS: \_\_\_\_\_

DATE OF DIAGNOSIS: \_\_\_/\_\_\_/\_\_\_

WHAT TYPE OF SKIN CANCER WAS DIAGNOSED?

BASAL CELL CARCINOMA  SQUAMOUS CELL CARCINOMA  MALIGNANT MELANOMA

PLEASE NOTE WHERE THE SKIN CANCER WAS LOCATED: \_\_\_\_\_

HAS THE CANCER METASTASIZED (SPREAD) BEYOND THE SKIN?

NO  YES - PLEASE PROVIDE DETAILS: \_\_\_\_\_

HAS THERE BEEN ANY EVIDENCE OF RECURRENCE?

NO  YES - PLEASE PROVIDE DETAILS: \_\_\_\_\_

HAVE ANY DYSPLASTIC NEVUS BEEN REMOVED?  NO  YES - HOW MANY? \_\_\_\_\_

FOR MALIGNANT MELANOMA ONLY, PLEASE PROVIDE ALL ITEMS:

STAGE OF CANCER: \_\_\_\_\_

ULCERATED:  NO  YES

CLARK'S LEVEL: \_\_\_\_\_

THICKNESS IN MM: \_\_\_\_\_

ANY POSITIVE LYMPHNODES?  NO  YES - HOW MANY? \_\_\_\_\_

IS THE PROPOSED INSURED CURRENTLY TAKING ANY MEDICATIONS?

NO

YES - PLEASE PROVIDE DETAILS: \_\_\_\_\_

DOES THE PROPOSED INSURED HAVE ANY OTHER MAJOR HEALTH PROBLEMS?

NO

YES - PLEASE PROVIDE DETAILS: \_\_\_\_\_

Please return via email at  
***PlusMarketing@pfnins.com***



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