

# Skin Cancer Questionnaire –

**To provide the most accurate risk assessment please obtain and provide pathology report for review**

Tentative offers obtained are not binding and could be subject to change – Final offers are subject to formal application and review of all required age/face requirements, paramedical requirements and review of complete medical records.

Agent/Advisor Name: \_\_\_\_\_

Proposed Insured: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_ Gender: Male  or  Female

Build: Height \_\_\_\_\_ Weight \_\_\_\_\_ Any Weight Loss In Last Year? If so how much \_\_\_\_\_

Product Desired: Term  Guarantee UL  Index UL  Whole Life  Survivorship Life

Face Amount Desired: Option 1 \$ \_\_\_\_\_ Option 2 \$ \_\_\_\_\_ Option 3 \$ \_\_\_\_\_

Maximum Premium Tolerance Per Year: \_\_\_\_\_

Has Client Ever Used Any Form Of Nicotine? No  Yes

Type:  Cigarettes  Cigars  Pipe  Chew  Patch  Nicorette Gum  E-Cigarette  Vape

Frequency: \_\_\_\_\_ Date Last Used \_\_\_\_\_

Current Alcohol Use: Type \_\_\_\_\_ Number of Drinks: \_\_\_\_\_ Per \_\_\_\_\_ Day \_\_\_\_\_ Week Date Last Used: \_\_\_\_\_

- 1) Exact Name of the skin cancer diagnosed? \_\_\_\_\_
- 2) Where was the skin cancer located on the body? \_\_\_\_\_
- 3) Provide date of diagnosis? \_\_\_\_\_ Provide date of last treatment? \_\_\_\_\_
- 4) How was the skin cancer treated?  Mohs Micrographic Surgery  Excisional Surgery  Cryosurgery  
 Radiation  Laser Surgery  Photodynamic Therapy (PDT)  Topical Medication  
 Other: \_\_\_\_\_
- 5) Please indicate the number of episodes and date of last episode for each that applies:  
 Basal Cell Carcinoma: \_\_\_\_\_  
 Squamous Cell Carcinoma: \_\_\_\_\_  
 Malignant Melanoma: \_\_\_\_\_
- 6) What was the Clark Level of the cancer (malignant melanoma only)?  (I) 1  (II) 2  (III) 3  (IV) 4  (V) 5
- 7) What was the Breslow Scale of the cancer (malignant melanoma only)?  
 In-situ  0.74mm or less  0.75mm to 1.50mm  1.51mm to 4.00mm  4.01 mm plus
- 8) Was any other grade assigned to the cancer? If yes; please indicate what grade was assigned:  
 (I) 1  (II) 2  (III) 3  (IV) 4
- 9) Has the cancer metastasized (spread) beyond the skin? Yes No If yes; provide details  
\_\_\_\_\_
- 10) Was there any node involvement?  Yes  No If yes; provide details:  
\_\_\_\_\_
- 11) Has there been any evidence of recurrence?  Yes  No If yes; provide details:  
\_\_\_\_\_
- 12) Have you ever been diagnosed or treated for any other type of cancer? If yes; provide details  
\_\_\_\_\_
- 13) Do you exercise three or more times per week on a regular basis?  Yes  No If yes; provide details  
\_\_\_\_\_
- 14) Have you made any lifestyle changes to improve your overall health?  Yes  No If yes; provide details  
\_\_\_\_\_
- 15) Are you being treated for any other medical conditions? If yes; provide details  
\_\_\_\_\_
- 16) Please list all current medications, dosages and what condition the medication is treating  
\_\_\_\_\_
- 17) Is there family history of heart disease or cancer?  Yes  No If yes provide; details including relationship to yourself, age of onset, type and current age or date of death  
\_\_\_\_\_

**Please use additional pages if needed**

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