

Colorectal 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) What was date of first diagnosis? _____
- 2) What was date of last treatment? _____
- 3) What was stage and grade of colorectal cancer? In situ Dukes' Stage A Dukes' Stage B1
 Dukes' Stage B2 Dukes' Stage C1 Dukes' Stage C2 Dukes's Stage D Other: _____
Other staging system used: _____ Stage of cancer: _____ Grade of cancer _____
- 4) How was the colorectal cancer treated? Please check all the apply:
 Surgery Radiation Chemotherapy Other: _____
- 5) How often does the proposed insured have a cancer screen to detect possible recurrence?
 Every 3 month's Every 6 month's Yearly Every 2 year's Every 5 year's
- 6) Has there been any evidence of recurrence? No Yes If yes; please provide details

- 7) When was your last colonoscopy and CEA level? Please provide date and results

- 8) Have you ever been diagnosed or treated for any other type of cancer? If yes; provide details

- 9) Do you exercise three or more times per week on a regular basis? Yes No If yes; provide details

- 10) Have you made any lifestyle changes to improve your overall health? Yes No If yes; provide details

- 11) Are you being treated for any other medical conditions? If yes; provide details

- 12) Please list all current medications, dosages and what condition the medication is treating

- 13) 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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