

MEDICAL HISTORY QUESTIONNAIRE: CERVICAL CANCER

Client Name: _____ Date of Birth: _____
 Gender: Male Female Height: _____ Weight: _____
 Tobacco Usage: _____ Coverage Information: _____
 Never Type: Term UL IUL
 Former Date Stopped: _____ WL VUL Survivorship
 Current Type: _____ Face Amount: _____
 Premium Tolerance: _____

Proposed Insured's Existing Insurance			
Insurance Company	Face Amount	Year Issued	Replacement (Yes/No)

1. Date of Diagnosis _____
 2. What stage was the cancer?
 0 IA IB IIA IIB
 III IV
 3. How was the cancer treated? (check all that apply)
 Cone surgery Total Hysterectomy Radiation Therapy
 Chemotherapy
 4. Date treatment was completed: _____
 5. Has there been any evidence of recurrence? No Yes
 If yes, please provide details: _____

6. Please list current medications

Name of Medication	Dosage	Reason

7. Are there any other health issues? (Additional Questionnaires may be required) No Yes
 If yes, please provide details: _____