

COLORECTAL CANCER QUESTIONNAIRE

Agent: _____	Phone: _____	Fax: _____
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Proposed Insured Name: _____ <input type="checkbox"/> M <input type="checkbox"/> F Date of Birth: _____
Face amount: _____ Max. Premium: \$ _____/year <input type="checkbox"/> UL <input type="checkbox"/> WL <input type="checkbox"/> Term <input type="checkbox"/> Survivorship
Do you currently smoke cigarettes? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, did you ever smoke? <input type="checkbox"/> Never <input type="checkbox"/> Quit (Date): _____
Do you currentl use any other tobacco products (e.g. cigars, pipe, snuff, nicotine patch, Nicorette gum...)? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details: _____
When did you last use any form of tobacco: _____ (Month) _____ (Year) Type used last: _____

1. Date of diagnosis: _____ Date of last treatment: _____

2. Exact name of the type of bladder cancer that has been diagnosed: _____

3. What was the stage of the cancer?

In situ Dukes' Stage B1 Dukes' Stage C1 Dukes' Stage D
 Dukes' Stage A Dukes' Stage B2 Dukes' Stage C2 Other: _____

4. How has the cancer been treated (please check all that apply)?

Surgery Radiation Therapy Chemotherapy Other: _____

5. Is the proposed insured currently taking any medications? If yes:

Name of Medication (Prescription or Otherwise)	Dates used	Quantity taken	Frequency taken

6. How often does the proposed insured have a cancer screen to detect possible recurrence?

Every 3 months Every 6 months Yearly Every 2 years Every 5 years

7. Has there been any evidence of recurrence? If yes, please provide details: _____

8. Does the proposed insured have any other medical conditions or are there other underwriting conditions?
