



**BROKERAGE GROUP
INTERNATIONAL, LLC**

Cancer History Questionnaire

Broker Name: _____ Date: _____

Phone: _____ Fax: _____

E-Mail: _____

Address/City/State/Zip: _____

CLIENT INFORMATION

Name: _____ M F

Date of Birth: _____ Height: _____ Weight: _____

Occupation: _____

Insurance Amount _____ Insurance Type: Term Universal Life Whole Life

Death Benefit: _____ Second to Die Variable

Have you ever used tobacco or nicotine products? Yes No

If yes, what type of product did you use? Cigarettes Cigar Pipe Other

CANCER HISTORY INFORMATION

1. Where was the cancer found? _____

a. State/Grade of Cancer (must have or copy of pathology report). _____

2. When diagnosed? _____

3. What type of treatment? (Surgery, Chemotherapy, Radiation, Other) _____

4. Had the cancer spread beyond the original site, or were any lymph nodes involved? _____

5. When was the last follow up visit to your physician? _____

6. If cancer was prostate, what was your PSA prior to treatment? _____

7. If cancer was prostate, what is your PSA now? _____

8. Did you have radiation? Yes No

If yes, date of last treatment? _____

9. Did you have chemotherapy? Yes No

If yes, date of last treatment? _____

10. Are you on any medication for this? Yes No

If yes, please list medication. _____

11. Additional Comments? _____

