

CANCER— OVARIAN CANCER QUESTIONNAIRE

Agent: _____ Phone: _____ Fax: _____

Proposed Insured Name: _____ M F Date of Birth: _____
 Face Amount: _____ Max. Premium: \$ _____/year UL WL Term Survivorship
 Do you currently smoke cigarettes? Y N If no, did you ever smoke: Never Quit (Date): _____
 Do you currently use any other tobacco products (e.g. cigars, pipe, snuff, nicotine patch, Nicorette gum...): Y N
 If Yes, please provide details: _____
 When did you last use any form of tobacco: _____ (Month) _____ (Year) Type used last: _____
 Height: _____ ft. _____ in. Weight: _____ lbs.

(1) a) Please provide date of diagnosis: _____ b) Please provide date of last treatment: _____

(2) What was the exact name of the ovarian cancer: _____

(3) What was the Stage of the cancer diagnosed (this information should be contained in the pathology report)?

I II III IV Other staging method used: _____

(4) If the cancer was graded, what grade was assigned?

I II III IV Other grading method used: _____

(5) How has the cancer been treated?

Surgery: what was removed? _____

Radiation Chemotherapy Biological Therapy Hormone Therapy

Other: _____

(6) What is the most current reading for the CA 125 marker? _____ Date of this most recent reading: _____

(7) Please describe any recurrence or other cancer that may have occurred: _____

(8) Has the proposed insured taken any medications to treat the cancer in the past and/or is he currently taking any medications?

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

(9) Does the proposed insured have any other medical conditions? If yes, please describe:

