Underwriting Questionnaire **Brain Tumor**



Producer NameP	none	Date	
Client Name D	Date of Birth		
☐ Male ☐ Female Face Amount	Max Premi	um \$ /yr.	
☐ Term ☐ Permanent Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)? ☐ Yes ☐ No			
Frequency Date of	f last use	Type	
Date of diagnosis Date of last treatment			
Type of tumor Glioma Astrocytoma Meningiom Pineoblastoma Pineocytoma Sarcoma	na □Oligodendroglioma □Schwannoma	□Medulloblastoma	
Stage I III IV			
Treatment ☐ Surgical resection ☐ Radiotherapy	□Radiation □R	adioactive implants	
Describe any limitations in physical or cognitive function			
Describe any additional treatment for complications (e.g. seizures)			
Describe any evidence of recurrence			
Name of Medication (prescription or otherwise)	Dates Used	Quantity Taken	Frequency Taken

List any other major health problems the client has:

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