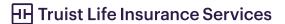
Underwriting Questionnaire Colorectal Cancer



Producer Name	Phone	Date	
Client Name	Date of Birth		
☐ Male ☐ Female Face Amount	Max Pr	remium \$ /yr.	
☐ Term ☐ Permanent Has the client ev	er used any form of tobacco (ciga	arettes, cigars, pipe, snuff, etc.)?	Yes □No
Frequency	_ Date of last use	Type	
Date of first diagnosis	Date of last diag	nosis	
Stage and grade of cancer 0 (In Situ) 2B (T4 NO MO) 1 (T1 NO M 3A, 3B (T1	IO) □1 (T2 NO MO) , 2 or T3,4, N1, MO)	□2A (T3 NO MO) □3C,4 (T any, N2, or M1)	
Other staging system used	Stage of cancer_	Grade of cance	r
Treatment Surgery Radiation	☐ Chemotherapy		
If surgery, select type Polyp(s) removed Date of last treatment	☐Resection ☐Compl	ete removal with colostomy	
How often does the client have a cancer screen to			
Date of last colonoscopy			
Has there been any evidence of recurrence ☐Y	es 🗆 No If yes, provide details		
Any family history of colon cancer ☐Yes ☐No	o If yes, whom, onset age, age	of death (if applicable)	
Name of Medication (prescription or otherw	vise) Dates Used	Quantity Taken	Frequency Taken

List any other major health problems the client has:

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