## Underwriting Questionnaire Thyroid Cancer



Producer Name	Phone	Date	_
Client Name	Date of Birth		
☐ Male ☐ Female Face Amount	Max Prem	ium \$ /yr.	
☐ Term ☐ Permanent Has the client ever us	ed any form of tobacco (cigaret	tes, cigars, pipe, snuff, etc.)?	Yes No
Frequency Da	ate of last use	Type	
Date of diagnosis			
Type of thyroid cancer Papillary Mixed Papillary Hurthle Cell Primary thyroid lymphoma	□Follicular □Medullary a	□Anaplastic	
Tumor confined Yes No Lymph	node involvement/metastasis	□Yes □No	
Tumor size	☐4 centimeters or more (extra	capsular extension)	
Stage of cancer			
Cancer treatment ☐Surgery ☐Radiation ☐Chemo	otherapy		
Treatment start date	Treatment end date		
Any evidence of recurrence Yes No If	yes, provide date/details below		
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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