

MEDICAL HISTORY QUESTIONNAIRE: BREAST CANCER

Client Name: _____ Date of Birth: _____

Gender: Male Female Height: _____ Weight: _____

Tobacco Usage:

Never
 Former Date Stopped: _____
 Current Type: _____

Coverage Information:

Type: Term UL IUL
 WL Survivorship
Face Amount: _____
Premium Tolerance: _____

PROPOSED INSURED'S EXISTING INSURANCE

INSURANCE COMPANY	FACE AMOUNT	YEAR ISSUED	REPLACEMENT (YES/NO)

1. Date of Diagnosis: _____

2. How was the cancer treated? (check all that apply): _____

Excisional biopsy only Lumpectomy or wide excision Mastectomy
 Radiation therapy Chemotherapy Hormonal therapy (tamoxifen)

3. Date treatment was completed: _____

4. What stage was the cancer?

0 - in situ I II III IV

5. Were any lymph nodes involved? If yes, how many: _____ No



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6. Has there been any evidence of recurrence? Yes No

If yes, please provide details: _____

7. Date and results of last mammogram: _____

8. Please list current medications (including aspirin):

NAME OF MEDICATION	DOSAGE	REASON

9. Are there any other health issues? (Additional Questionnaires may be required) Yes No;

If yes, please provide details: _____



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