

# MEDICAL HISTORY QUESTIONNAIRE: CERVICAL 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. What stage was the cancer?

0  IA  IB  IIA  IIB  
 III  IV

3. How was the cancer treated? (check all that apply)

Cone surgery  Total Hysterectomy  
 Chemotherapy  Radiation Therapy

4. Date treatment was completed: \_\_\_\_\_



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

If yes, provide details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Please list current medications (including aspirin):

NAME OF MEDICATION	DOSAGE	REASON

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

If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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