

MEDICAL HISTORY QUESTIONNAIRE: COLORECTAL 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 VUL 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?

Tis I IIA IIB III IV

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

Surgery Surgery plus chemotherapy/radiation

4. Date treatment was completed: _____

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

If yes, please provide details: _____



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6. When was the last colonoscopy and CEA level? Please give date and result. Date: _____

Result: _____

7. Please list current medications:

NAME OF MEDICATION	DOSAGE	REASON

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

If yes, please provide details: _____



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