

## 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: \_\_\_\_\_

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: \_\_\_\_\_