

# Breast Cancer Questionnaire

Agent Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex:  Male /  Female  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_ State: \_\_\_\_\_ Smoker:  Y /  N Face Amount: \_\_\_\_\_  
Type of Insurance:  Universal Life  Whole Life  Survivorship  Term (# of years \_\_\_\_\_)

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1. When was the proposed insured first diagnosed with breast cancer? \_\_\_\_\_

2. What stage was diagnosed?

Ductal Carcinoma in situ  Lobular Carcinoma in situ  
 Stage 1  Stage 2  Stage 3  Stage 4

3. Did the cancer spread to lymph nodes or other organs?  Yes  No

If yes, provide details and location(s): \_\_\_\_\_  
\_\_\_\_\_

4. What treatments did the proposed insured receive?

Surgery Date and details: \_\_\_\_\_  
 Chemotherapy How long did it last: \_\_\_\_\_  
 Radiation How long did it last: \_\_\_\_\_

5. Is the proposed insured current taking any medication(s)?  Yes  No

If yes, provide name, dosage and frequency of medication(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FAX TO 603-778-7918 or E-MAIL TO [sdonovan@uuinc.com](mailto:sdonovan@uuinc.com).