



Uterine Cancer Questionnaire

Name: _____ Date of Birth: _____

Height: _____ Weight: _____ Sex: M/F

Tobacco Usage: _____ Face Amount: _____

____Term 10 15 20 30 _____UL

1. When was uterine cancer diagnosed? _____

2. What stage was diagnosed? ____I ____II ____III ____IV

3. What tumor grade was diagnosed: __GX __GB __G1 __G2 __G3

4. How was the proposed insured treated? (Check all that apply)

____Surgery:	Date_____	Details_____
____Chemotherapy	Date_____	Details_____
____Internal Radiation	Date_____	Details_____
____External Radiation	Date_____	Details_____
____Hormone Therapy	Date_____	Details_____

5. What was the date of final treatment? _____

6. Is the proposed insured taking any medication for this condition or any other? ____Yes ____No
(If yes, please provide name, dosage, and frequency):

Name: _____	Dosage: _____	Frequency: _____
Name: _____	Dosage: _____	Frequency: _____
Name: _____	Dosage: _____	Frequency: _____
Name: _____	Dosage: _____	Frequency: _____