



COLON CANCER QUESTIONNAIRE

Name: _____

Date of Birth: _____

Height: _____ Weight: _____

Sex: M/F

Tobacco Usage: _____

Face Amount: _____

___Term 10 15 20 30 ___UL

1. When was, the colon cancer, first diagnosed? _____

2. Please provide the Stage and Duke's Score: _____

3. Was there any spreading of the cancer (to lymph nodes, other organs, etc.)? ___Yes ___No
(If yes, where): _____

4. What treatments did the proposed insured receive (surgery, chemotherapy, radiation)?

How long did the treatment last? _____

5. Is there any history of death, due to Cancer or Heart Disease, in the proposed insured's family?

Father ___Yes ___No Age at death: _____

Mother ___Yes ___No Age at death: _____

6. Is the proposed insured taking any medications? ___Yes ___No
(If yes, please provide name, dosage, and frequency): _____

