



INTRAOCULAR MELANOMA QUESTIONNAIRE

Name: _____

Date of Birth: _____

Height: _____ Weight: _____

Sex: M/ F

Tobacco Usage: _____

Face Amount: _____

State of Residence: _____

___Term 10 15 20 30

___UL

1. When was cancer diagnosed? _____

2. What type of intraocular melanoma was diagnosed?

___Iris

___Ciliary body/choroid, small size

___Extraocular extension

___Ciliary body/choroid, medium/large size

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

___Iridectomy

___Iridotrabeulectomy

___Iridocyclectomy

___Choroidectomy

___Enucleation

___Radiation

___Photocoagulation

When was the last date of treatment? _____

4. Was there any spreading of the cancer to lymph nodes, other organs, etc.? ___Yes ___No

(If yes, please provide details):

5. Is the proposed insured taking any medications? ___Yes ___No

(If yes, please provide name, dosage, and frequency)
