



SKIN CANCER 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 first diagnosed? _____

2. Where was the cancer? _____

3. What type of cancer was diagnosed?

___Basal Cell

___Squamous Cell

___Melanoma

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

5. What were the grade, stage, and size of the cancer?

6. What treatments did the proposed insured receive? (Surgery, Chemotherapy, Radiation)

How long did it last? _____

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

