



Cancer-Colorectal Cancer Questionnaire

Name: _____ Date of Birth: _____

Height: _____ Weight: _____ Sex: M/F

Tobacco Usage: _____ Face Amount: _____

____Term 10 15 20 30 ____UL

1. Date of first diagnosis: _____

2. Date of last treatment: _____

3. Stage and grade of the cancer:

____In situ ____Dukes' Stage B1 ____Dukes' Stage C1 ____Dukes' Stage D
____Dukes' Stage A ____Dukes' Stage B2 ____Dukes' Stage C2 ____Other: _____

4. How was the cancer treated? (Please check all that apply):
____Surgery ____Radiation ____Chemotherapy ____Other: _____

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

Name: _____ Dosage: _____ Frequency: _____

Name: _____ Dosage: _____ Frequency: _____

Name: _____ Dosage: _____ Frequency: _____

Name: _____ Dosage: _____ Frequency: _____

6. How often does the proposed insured have a cancer screen to detect possible recurrence?
____Every 3 months ____Every 6 months ____Yearly ____Every 2 Years ____Every 5 years

7. Has there been any evidence of recurrence? ____Yes ____No
(If yes, please provide details): _____

8. Are there any other conditions that may impact life underwriting? ____Yes ____No
(If yes, please describe): _____