



Diversified Marketing Group, Inc. CANCER QUESTIONNAIRE

Proposed Insured's Name: _____ DOB: _____ Sex: M F
Tobacco Use: Yes No Amount: _____ Height: _____ Ft. In. Weight: _____
Broker's Name: _____ Face Amount: _____
BGA: _____ Phone: _____ Fax: _____

Proposed Insured please answer the following:

1. Date of your diagnosis:
2. Please give the name of the cancer and the location:
3. Please give Stage and Grade of tumor:
4. What symptoms did you have prior to your diagnosis:
5. Number of Lymph nodes involved:
6. How was/is the cancer treated?
 Medication: Hormonal Immunotherapy
 Radiation Therapy Surgery Chemotherapy
7. Duration of treatment:
8. Date of your last treatment:
9. Was there any indication of the cancer spreading?
 No Yes, Date: _____ Details, including location(s): _____
10. Has there been any evidence of reoccurrence? No Yes, details: _____
11. Is there any family history of cancer?
 No Yes, details: _____
12. Are you on any medication(s)? No Yes, Name(s) and dosage(s): _____
13. Date you last consulted your physician: _____
14. Name and address of your physician(s) and Oncologist: _____

Underwriter's Notes:

Date: _____ Proposed Insured's Signature: _____