



# Appletree Financial Network CANCER QUESTIONNAIRE

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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: \_\_\_\_\_

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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: \_\_\_\_\_

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Underwriter's Notes:

Date: \_\_\_\_\_ Proposed Insured's Signature: \_\_\_\_\_