



MEDICAL HISTORY QUESTIONNAIRE: THYROID CANCER

Client Name: _____ Date of Birth: _____

Gender: Male Female Height: _____ Weight: _____

Coverage Information:

Type: Term UL IUL
 WL VUL Survivorship

Face Amount: _____

Premium Tolerance: _____

Proposed Insured's Existing Insurance

Insurance Company	Face Amount	Year Issued	Replacement (Yes/No)

1. Date of Diagnosis _____

2. Does the client currently smoke cigarettes? Yes No

a. If no, did he/she ever smoke? Never Quit (date) _____

3. Does the client currently use any other tobacco products? (e.g. nicotine patch, cigars, pipe, snuff, Nicorette gum, etc.) Yes No

a. If yes, please provide details: _____

4. When did he/she last use any form of tobacco: _____ (Month) _____ (Year) Type last used: _____

5. Type of thyroid cancer: Papillary Mixed Papillary Follicular
 Hurthle Cell Primary thyroid lymphoma Medullary
 Anaplastic

6. Tumor confined? Yes No

7. Tumor size: Less than 4 centimeters 4 centimeters or more (extracapsular extension) No

8. Lymph node involvement/metastasis? Yes No

9. Stage of cancer: _____

10. Cancer Treatment: Surgery Radiation Chemotherapy

a. Treatment Start Date: _____ Treatment End Date: _____

11. Any evidence of recurrence? Yes No If yes, provide date/details below: _____

12. Please list current medications

Name of Medication	Dosage	Reason

13. Are there any other health issues? (Additional Questionnaires may be required) If yes, No Yes

please provide details: _____

