

**QUICK QUOTE FOR CANCER**

**CLIENT:** NAME \_\_\_\_\_ /  M  F / DOB \_\_\_\_\_ AGE \_\_\_\_\_ / HT \_\_\_\_\_ WT \_\_\_\_\_ / STATE \_\_\_\_\_

AMT. REQUESTED \$ \_\_\_\_\_ / MAX. ANNUAL PREMIUM \$ \_\_\_\_\_ / TYPE OF INS.  UL  TERM YRS. LVL \_\_\_\_\_

TOBACCO USE  NO  YES, TYPE \_\_\_\_\_ / REPLACEMENT  YES  NO / CURRENT ANN. PREM. \$ \_\_\_\_\_

LAST LIFE INSURANCE APP. YEAR \_\_\_\_\_ COMPANY \_\_\_\_\_ ACTION \_\_\_\_\_

OCCUPATION \_\_\_\_\_ / MARITAL STATUS  SINGLE  MARRIED  WIDOWED  DIVORCED

FAMILY HISTORY –  
AGE, IF STILL LIVING: FATHER \_\_\_\_\_ MOTHER \_\_\_\_\_ SIBLING 1 \_\_\_\_\_ SIBLING 2 \_\_\_\_\_ SIBLING 3 \_\_\_\_\_

IF ANY DECEASED, PROVIDE RELATION, AGE AND CAUSE OF DEATH \_\_\_\_\_

HAVE ANY OF YOUR FAMILY MEMBERS BEEN DIAGNOSED WITH CANCER, DIABETES OR HEART DISEASE PRIOR TO AGE 60? IF YES, PROVIDE RELATION, ILLNESS AND AGE OF ONSET \_\_\_\_\_

DRIVING RECORD - # OF VIOLATIONS IN PAST 3 YEARS \_\_\_\_\_ / # OF DUI / RECKLESS DRIVING PAST 5 YEARS \_\_\_\_\_

DO YOU EXERCISE 3 OR MORE TIMES PER WEEK?  NO  YES, DETAILS \_\_\_\_\_

DATE OF LAST MEDICAL CHECKUP \_\_\_\_\_ RESULTS \_\_\_\_\_

DATE OF LAST RESTING EKG \_\_\_\_\_ RESULTS \_\_\_\_\_

LAST BLOOD PRESSURE READING (EXAMPLE 140/80) \_\_\_\_\_ / ARE YOU TREATED FOR BLOOD PRESSURE?  NO  YES

LAST TOTAL CHOLESTEROL READING AND HDL READING \_\_\_\_\_ / ARE YOU TREATED FOR CHOLESTEROL?  NO  YES

**AGENT:** NAME \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

**CPS OFFICE ONLY:** ENTER OFFICE NAME/LOCATION \_\_\_\_\_ FAX \_\_\_\_\_

1. PLEASE SPECIFY TYPE OF MALIGNANCY OR CANCER: \*\*  
 BLADDER  BREAST  
 CERVICAL  COLON OR RECTAL  
 MELANOMA  PROSTATE  
 SKIN  
 HODGKIN'S OR NON-HODGKIN'S LYMPHOMA  
 OTHER \_\_\_\_\_  
 DATE OF DIAGNOSIS \_\_\_\_\_

2. FOR MELANOMA ONLY  
 CLARK'S LEVEL:  I  II  III  IV  V  
 STAGE: T \_\_\_ N \_\_\_ M \_\_\_ GRADE \_\_\_\_\_  
 TYPE \_\_\_\_\_  
 LOCATION ON BODY \_\_\_\_\_ DEPTH \_\_\_\_\_

3. FOR PROSTATE CANCER ONLY  
 STAGE: T \_\_\_ N \_\_\_ M \_\_\_  
 GLEASON'S GRADE: \_\_\_\_\_ (VALUE BETWEEN 2-10)  
 PSA RESULTS PRIOR TO TREATMENT \_\_\_\_\_  
 RESULTS OF MOST RECENT PSA TEST \_\_\_\_\_

4. FOR ALL OTHER CANCERS  
 SPECIFY TYPE OF CANCER \_\_\_\_\_  
 LOCATION OF CANCER \_\_\_\_\_  
 STAGE: T \_\_\_ N \_\_\_ M \_\_\_ GRADE \_\_\_\_\_

FOR LYMPHOMA, SPECIFY GRADE:  
 LOW  INTERMEDIATE  HIGH

5. PLEASE INDICATE TYPE OF TREATMENT. CHECK ALL THAT APPLY AND INCLUDE DATES OF TREATMENT:  
 SURGICAL (GIVE DETAILS) \_\_\_\_\_  
 CHEMOTHERAPY \_\_\_\_\_  
 RADIATION THERAPY \_\_\_\_\_  
 HORMONAL \_\_\_\_\_  
 OTHER \_\_\_\_\_

6. DATE TREATMENT WAS COMPLETED: \_\_\_\_\_

7. DID METASTASIS OCCUR?  NO  YES  
 IF YES, PROVIDE: DATE \_\_\_\_\_ (MONTH / YEAR)  
 DETAILS \_\_\_\_\_

8. HAS THERE BEEN ANY RECURRENCE OF CANCER?  
 NO  YES; IF YES, PLEASE PROVIDE DETAILS, DATE OF RECURRENCE, STAGE, GRADE, TREATMENT AND WHEN TREATMENT ENDED:  
 \_\_\_\_\_  
 \_\_\_\_\_

9. LIST ANY OTHER ILLNESSES OR IMPAIRMENTS (COMPLETE ANY OTHER QUICK QUOTE FORMS THAT MAY APPLY) ALONG WITH ALL MEDICATIONS TAKEN (INCLUDE DOSAGE AND FREQUENCY): \_\_\_\_\_  
 \_\_\_\_\_

**\*\* PLEASE INCLUDE A COPY OF THE PATHOLOGY REPORT, IF AVAILABLE**