



## Breast Cancer Questionnaire

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Today's Date:

Agent:

Full Name:

Male or Female?

Height and weight:

Date of Birth:

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Note: We encourage you to please fax us a copy of your pathology report, as it will contain the answers to questions 4 and 5 which need to be answered accurately in order to obtain the most accurate quote.

1. When were you diagnosed with breast cancer (month, year and age)?
2. How were you treated?  
 excisional biopsy only                       radiation therapy  
 lumpectomy or wide excision               chemotherapy  
 single mastectomy                               hormonal therapy (Tamoxifen)  
 double mastectomy                             bone marrow transplant
3. When was treatment completed (month and year)?
4. What was the stage of the cancer?  
 stage 0 (in situ)    stage 1    stage 2    stage 3    stage 4
5. Were any lymph nodes involved?  No  Yes (If yes, how many? \_\_\_\_\_)
6. Have you had any recurrence?  No  Yes (If yes, month and year and treatment?)
7. How often do you have a mammogram? When was most recent (month and year)? Any changes from previous mammogram?
8. What medications do you take, reason, dosage and how often?
9. How often do you see your doctor and when was last visit?
10. Has your weight remained stable or have you lost or gained weight in the past year? If so, how much?
11. Do you have any family history of cancer? If so, list member(s) and current age.