INSURANCE DESIGNERS

Skin Cancer Questionnaire

Insurance Designers of Central Texas, LLC
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Today's Date: **Agent:**

Full Name: **Male or Female?**

Height and weight: **Date of Birth:**

Note: We encourage you to please fax us a copy of your pathology reports, as it will help us obtain the most accurate tentative quote.

1. **List month and year diagnosed and age:**

2. **What type of skin cancer?**

	How many?	Date(s):
___ Melanoma	_____	_____
___ Basal Cell Carcinoma	_____	_____
___ Squamous Cell Carcinoma	_____	_____
___ Actinic Keratosis	_____	_____
___ Kaposi's Sarcoma (KS)	_____	_____

3. **For malignant melanoma only, what stage was the cancer?**
   Please call your doctor and ask if you are not sure.

   ___ Clark's level I / in situ
   ___ Clark's level II / Breslow ≤ 0.75mm
   ___ Clark's level III / Breslow .75-1.5mm
   ___ Clark's level IV / Breslow 1.51-4.0mm
   ___ Clark's level V / Breslow > 4.0mm

4. **Where was the skin cancer located?** _____
   _____
   _____

5. **Has the cancer metastasized (spread) beyond the skin?** ___ Yes ___ No
   If Yes, where?

6. **Has there been any evidence of recurrence? ___ Yes ___ No**
   If yes, give date(s): _____

7. **How was it treated?** **Date(s):**

___ Freezing	**_____**
___ Excisional surgery	**_____**
___ Laser therapy	**_____**
___ Mohs surgery	**_____**
___ Curettage and electrodesiccation	**_____**
___ Radiation	**_____**
___ Chemotherapy	**_____**
___ Photodynamic therapy (PDT)	**_____**
___ Biological therapy (Interferon and Interleukin-2)	**_____**
___ Other _____	**_____**

8. **What medication do you take, reason, dosage and how often?**

9. **Has your weight remained stable or have you ___ lost or ___ gained weight in the past year? If so, by how much?**

10. **Do you have any family history of cancer? If so, list:**
    Member(s)_____
    Type:_____
    Age(s) diagnosed _____ Circle one (Current age / Age of death) _____

11. **Please indicate type of tobacco EVER used:**

Type:	**Amount per (circle frequency):**	**Date last used:**	**Still use?**
___Smokeless	**___daily/monthly/yearly**	**_____**	**__Yes __ No**
___Cigarettes	**___per day/month/year**	**_____**	**__Yes __ No**
___Cigar	**___per day/month/year**	**_____**	**__Yes __ No**
___Patch/Gum	**___per day/month/year**	**_____**	**__Yes __ No**