Breast Cancer Questionnaire

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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 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.