



# Ovarian Cancer Questionnaire

Agent Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Agent E-mail: \_\_\_\_\_

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex:  Male /  Female Height: \_\_\_\_\_ Weight: \_\_\_\_\_ State: \_\_\_\_\_ Smoker:  Yes /  No

Face Amount: \$ \_\_\_\_\_ Type of Insurance:  UL  WL  SUL  Term (# of years \_\_\_\_\_)

1. When was the proposed insured first diagnosed with Ovarian Cancer? \_\_\_\_\_

2. What type of Ovarian Cancer was diagnosed? \_\_\_\_\_

3. How was the Cancer treated? (check all that apply)  Surgery  Radiation  Chemotherapy

Please list the details and treatment end dates: \_\_\_\_\_

\_\_\_\_\_

4. What stage was the Cancer?  Stage I  Stage II  Stage III  Stage IV

5. Has there been any evidence of recurrence?  Yes  No

If yes, please give details:

\_\_\_\_\_

\_\_\_\_\_

6. What was the date and result of the most recent CA 125 (if available)? Date: \_\_\_\_\_

Result: \_\_\_\_\_

7. Please list all medications the proposed insured is currently taking:

(Accurate) name of Medication	Dosage	Reason

8. Did the Cancer spread to any other areas?  Yes  No

If yes, where? \_\_\_\_\_

9. Are there any other health problems?  Yes  No

If yes, please give details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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