NAILBA
NAILBA University

CANCER—BREAST

CLIENT NAME: ______________________________ **Date:** ____________

☐ Male ☐ Female Date of birth: ____________ Height: _____' _____" Weight: ____________

Tobacco Use: ☐ Never used ☐ Totally stopped Date stopped: ____________ ☐ Use now Type of nicotine product: ____________

Type of Coverage: ☐Term ☐UL ☐ Survivor ☐ Disability **Coverage Amount:** ____________________

Annual Income:__________________ **Occupation/Job duties:** ____________________ **State of Residence:** ________________

Anticipated Premium: ______________________

FAMILY HISTORY

Has proposed insured had a parent, brother or sister who had cancer, diabetes, stroke, heart or kidney disease or who died by suicide?

If yes, use separate sheet to provide this information, including age of onset and date of death

PROPOSED INSURED'S EXISTING INSURANCE			
Full Name of Company	Face Amount	Year Issued	Is Policy to be Replaced?

1. Date of diagnoses: ______________________________

Type of breast cancer: ______________________________

2. How was the cancer treated? (Check all that apply)

☐ Excisional biopsy only
☐ Lumpectomy or wide excision
☐ Mastectomy
☐ Radiation therapy
☐ Chemotherapy
☐ Hormonal therapy (tamoxifen)

Receptor (ER, PR) status: ____________________________

HER2 status: ____________________________________

3. List date treatment was completed: ______________________________

4. Is client on any medications? ☐ No ☐ Yes; please give details ____

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5. What stage was the cancer?

☐ Stage 0 (in-situ) ☐ Stage I ☐ Stage II ☐ Stage III ☐ Stage IV TNM Staging:__________________________

6. Were lymph nodes involved? ☐ No ☐ Yes; If yes, how many? ______________________

7. Has there been any evidence of recurrence? ☐ No ☐ Yes; please give details ____

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8. Date and results of last mammogram: ______________________________

9. Are there any other health issues? (additional questionnaires may be required) ☐ No ☐ Yes; please give details

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