

SKIN CANCER/MELANOMA QUESTIONNAIRE

Rohrer & Associates

Insured's Name: _____ DOB: _____ State: _____ Sex: M / F
Height: Ft. In. Weight: _____ Face Amount: _____
Tobacco use in the past 5 years: No Yes Details: _____
Producer: _____ State: _____ Phone: _____ E-mail: _____

Proposed Insured please answer the following:

1. Type of Cancer (circle one): Basal Cell Carcinoma or Squamous Cell Carcinoma or Malignant Melanoma
2. Location: _____
3. Date Cancer Diagnosed: _____ Date of Last Treatment: _____
4. For Malignant Melanoma, List the Clark or Breslow Level (circle one):
Clark 1 / in situ Clark II / Breslow less than .75 mm Clark III / Breslow .75 to 1.5 mm
Clark IV / Breslow greater than 4.0 mm
5. List Any Reoccurrences (include details and dates): _____
6. Any metastasis (spread) beyond the skin? Yes or No If yes, explain.

7. Treatment (list all that apply, list details/dates) i.e. Surgery, Radiation, Chemotherapy (list type), Other:
Details and Dates

8. List any other major health problem (include details and dates): _____
9. List all current medications and dosages prescribed: _____
10. Name(s), address(es) & phone number(s) of your physician(s) and Oncologist and date last consulted:

Additional Information (please use reverse side for additional space): _____

Date: _____ Insured's Signature: _____

