

INTRAOCULAR MELANOMA QUESTIONNAIRE

Name: _____ Date of Birth: _____

Height: _____ Weight: _____ Sex: M F

Tobacco Usage: _____ Face Amount: _____

State: _____ Term 10 15 20 30 _____UL

1. When was cancer first diagnosed? _____

2. What type of intraocular melanoma was diagnosed?

___ Iris

___ Ciliary body/choroid, small size

___ Ciliary body/choroid, medium/large size

___ Extraocular extension

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

___ Iridectomy ___ Iridotrabeculectomy ___ Iridocyclectomy

___ Choroidectomy ___ Enucleation ___ Radiation

___ Photocoagulation

4. Was there any spreading of the cancer (to lymph nodes, other organs, etc.)?

Details: _____

5. When was the last date of treatment? _____

5. Is the proposed insured taking any medications? If yes, please provide name, dosage and

frequency. _____
