Thyroid Cancer Questionnaire

Name: _____ Date of Birth: _____

Height: _____ Weight: _____ Sex: M F

Tobacco Usage: _____ Face Amount: _____

___Term 10 15 20 30 ___UL

1. When was the Thyroid Cancer first diagnosed?

_____

2. What type of thyroid cancer was the proposed insured diagnosed with?

___Papillary thyroid cancer ___Follicular thyroid cancer ___Medullar thyroid cancer
___Sporadic or ___Isolated familial medullar ___Ana plastic carcinoma ___Thyroid lymphoma

3. Was there any spreading of the cancer (to lymph nodes, other organs, etc.)?___Yes ___No
(If yes, where and how many)?

_____
_____

4. How was the Proposed Insured treated?
(Check all that apply)

___Surgery Date: _____
___Radioactive Iodine Date: _____
___THS Suppression Therapy Date: _____
___Chemotherapy Date: _____
___Other Date: _____

Details:

_____
_____
_____
_____

5. Is the proposed insured taking any medications? ____Yes ____No
(If yes, please provide name, dosage, and frequency)

_____
_____
_____
_____

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