



Melanoma/Skin Cancer

Please answer all questions applicable to the client's medical history.

Producer Name _____ Phone _____ Date _____

Client Name _____ Date of Birth _____ Male Female

Face Amount _____ Max Premium \$ _____ /yr. Term Permanent

Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)? Yes No

Frequency _____ Date of last use _____ Type _____

What type of skin cancer was diagnosed?

Basal cell carcinoma Squamous cell carcinoma Malignant melanoma Dysplastic nevi syndrome

Date of diagnosis _____ Date of last treatment _____ Number of lesions _____

Location of skin cancer(s) _____

How has the cancer been treated?

Surgery, provide date(s) _____ Other _____

Clark Level of the cancer (malignant melanoma only)

I(1) II(2) III(3) IV(4) V(5)

Breslow Scale of the cancer (malignant melanoma only)

In-situ 0.74 mm or less 0.75 mm to 1.50 mm 1.51 mm to 4.00 mm 4.01 mm plus

TNM Stage

T1a T1b T2a T2b T3a T3b T4a T4b Any N1-3 M1

Any evidence of recurrence?

Yes No If yes, provide details _____

Any family history of melanoma?

Yes No If yes, provide details _____

Any family history of dysplastic nevi syndrome?

Yes No If yes, provide details _____

Name of Medication (prescription or otherwise)	Dates Used	Quantity Taken	Frequency Taken

List any other major health problems the client has: