Brain Tumor

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 _____

Date of diagnosis _____ Date of last treatment _____

Type of tumor

☐ Glioma ☐ Astrocytoma ☐ Meningioma ☐ Oligodendroglioma ☐ Medulloblastoma
☐ Pineoblastoma ☐ Pineocytoma ☐ Sarcoma ☐ Schwannoma

Stage ☐ I ☐ II ☐ III ☐ IV

Treatment

☐ Surgical resection ☐ Radiotherapy ☐ Radiation ☐ Radioactive implants

Describe any limitations in physical or cognitive function

Describe any additional treatment for complications (e.g. seizures)

Describe any evidence of recurrence

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

List any other major health problems the client has: