

# Colorectal Cancer Quote Request

Name \_\_\_\_\_ Sex M F Date of Birth \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Smoker? Y N State \_\_\_\_\_

Coverage Desired? \_\_\_\_\_ Amount \_\_\_\_\_ Plan Desired? \_\_\_\_\_

Have you ever been Rated or Declined for insurance? If YES Complete details please

When were you first told that you had Colorectal Cancer? \_\_\_\_\_

How was the cancer treated? (Please circle all that apply)

Surgery

Chemotherapy

Radiation

Other

What was the size of the Tumor? \_\_\_\_\_

What was the Stage of the Tumor? \_\_\_\_\_

Has the cancer spread beyond the original site? Y N

Were any Lymph Nodes involved? Y N

If YES, Complete Details please \_\_\_\_\_

Are you on any Chemotherapy or Radiation Treatment now? Y N

When was the last date of Chemotherapy or Radiation Treatment? \_\_\_\_\_

Is there any evidence of recurrence? Y N

If YES, Complete Details please \_\_\_\_\_

What have been your recent Blood Pressure readings? \_\_\_\_\_

What has been your recent Cholesterol readings? \_\_\_\_\_

Do you have Diabetes? Y N When Diagnosed? \_\_\_\_\_

If YES, what medication are you taking? \_\_\_\_\_

Do you have any Family History of Breast Cancer, Heart Disease or Diabetes? \_\_\_\_\_

If YES, Complete Details please \_\_\_\_\_

Please list all medications being taken: \_\_\_\_\_

Do you have any other major health problems? (example: Coronary Artery Disease, etc)?

***Please also submit a copy of the Pathology Report - We must have to quote properly.***

Broker Submitting Questionnaire: \_\_\_\_\_

Address \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please send completed form:

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