



## 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:

### Questions?

**Please call your McGill Brokerage Marketing Team at 800-279-0751.**