



Thyroid 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 _____

Date of diagnosis _____

Type of thyroid cancer

- Papillary Mixed Papillary Follicular Medullary Anaplastic
 Hurthle Cell Primary thyroid lymphoma

Tumor confined Yes No Lymph node involvement/metastasis Yes No

Tumor size Less than 4 centimeters 4 centimeters or more (extracapsular extension)

Stage of cancer _____

Cancer treatment

- Surgery Radiation Chemotherapy

Treatment start date _____ Treatment end date _____

Any evidence of recurrence Yes No If yes, provide date/details below

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

List any other major health problems the client has:

Questions?

Call McGill Brokerage at (800)-279-0751 ext. 233 for Dan Dahl, 210 for Tim Simmons, and 228 for Gary Kay. Email questions or completed forms to ddahl@mcgillbrokerage.com, tsimmons@mcgillbrokerage.com, and gkay@mcgillbrokerage.com.