



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?

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