



**FUTURE
GENERALI**

TOTAL INSURANCE SOLUTIONS

TUMOUR QUESTIONNAIRE

TO BE FILLED BY THE PHYSICIAN

Name of the Life Insured

Application Number

PLEASE GIVE FULL AND ACCURATE ANSWERS TO EACH QUESTION

In order to make an equitable underwriting assessment, it is necessary for many tumours to have detailed information as requested below. You may find it more convenient to send copies of the tumour pathology reports and the results of follow-up reviews and investigations.

1. What was the diagnosis of the tumour or cancer suffered by your patient?

2. When was this diagnosis made?

3. What was the site or organ involved?

4. What was the histological type?

5. What was the grade of the tumour?

6. Please provide details of the staging of the tumour

a. Was it in situ, i.e. no stromal invasion? Yes No

b. Was it completely localised to the tissue or organ of origin? Yes No

c. Was there invasion of adjacent tissues? Yes No

If Yes; please state which: _____

d. Was there involvement of regional lymph nodes? Yes No

If 'Yes', please state site(s) and number of nodes involved: _____

e. Were there distant metastases? Yes No

If 'Yes', please state where: _____

Please also indicate the size of the primary tumour:

Please provide the staging by the TNM or specific tumour classification, E.g. Ann Arbour:

7. Please give details of the type(s) of treatment:

a. Surgery Yes No

If 'Yes', was the tumour completely excised? _____

Please give date and details of the operation: _____

b. Irradiation Yes No

Please give dates and details of fields treated: _____

c. Chemotherapy Yes No

Please give dates and details of drugs used: _____

d. Endocrine therapy Yes No

8. Has there been any recurrence or relapse? Yes No

If 'Yes', please give details of:

a) Date(s) : _____

b) Site(s) : _____

c) Treatment : _____

9. Please provide the name and address of the consultant/hospital the patient attends for follow-up, and the date of the last attendance:

10. Please give details of any relevant blood tests or other investigations, that may help indicate prognosis, E.g. PSA levels post prostate cancer:

11. Is the patient clinically disease-free of the tumour? Yes No

If 'Yes', how long has the patient been away from work due to this condition?

Signature: _____

Date: _____

Please print your name and add the clinic stamp