GENERALI Central
LIFE INSURANCE

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. (i)

Sr. No.	Please provide details of the staging of the tumour	Yes	No
a.	Was it in situ, i.e. no stromal invasion?	☐	☐
b.	Was it completely localised to the tissue or organ of origin?	☐	☐
c.	Was there invasion of adjacent tissues?	☐	☐
	If Yes; please state which:		
d.	Was there involvement of regional lymph nodes?	☐	☐
	If 'Yes', please state site(s) and number of nodes involved:		
e.	Were there distant metastases?	☐	☐
	If 'Yes', please state where:		

(ii) Please also indicate the size of the primary tumour:

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

7.

Sr. No.	Please give details of the type(s) of treatment:	Yes	No
a.	Surgery	☐	☐
	If 'Yes', was the tumour completely excised?		
	Please give date and details of the operation:		
b.	Irradiation	☐	☐
	Please give dates and details of fields treated:		
c.	Chemotherapy	☐	☐
	Please give dates and details of drugs used:		
d.	Endocrine therapy	☐	☐

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