Manulife | Chinabank

LIFE ASSURANCE CORPORATION

Tumour Questionnaire

For Completion by the Attending Physician.

Name of Applicant: _____ **Date of Birth:** _____

1. When was the tumour first detected?

2. What was the site or organ involved?

3. What was the histological type and grade of tumour?

4. What was the stage of growth at the time of treatment?

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

ii. Was there invasion of adjacent tissues? ☐ Yes ☐ No
If "yes", describe involvement.

iii. Had regional lymph nodes been involved? ☐ Yes ☐ No
If "yes" please state site/s and number of nodes

iv. Were there distant metastases? ☐ Yes ☐ No
If "yes" please state where.

v. If breast cancer, please indicate the size of the primary tumour:
☐ 2cm ☐ 2-5cm ☐ >5cm

vi. Please provide the following classification where relevant:

Bladder carcinoma	- Marshall/TNM	_____
Colonic carcinoma	- Dukes'	_____
Invasive cervical carcinoma	- FIGO/TNM	_____
Skin melanoma	- Clark level/tumour thickness	_____

5. Please give details of treatment:

Surgery	☐ **Yes**	☐ **No**	**Date/s**	_____	**Operation**	_____
Irradiation	☐ **Yes**	☐ **No**	**Date/s**	_____	**Fields treated**	_____
Chemotherapy	☐ **Yes**	☐ **No**	**Date/s**	_____	**Drugs**	_____
Hormone therapy	☐ **Yes**	☐ **No**	**Date/s**	_____	**Agents**	_____

6. Has there been any recurrence or relapse? ☐ **Yes** ☐ **No**
If "yes" please advise date/s, site/s and treatment

7. Please advise date of last follow up.

8. Please advise name and address of the specialist/hospital who is following your patient.

Could you please include copies of all pathology and specialist reports.

_____ _____

Signature of Attending Physician **Date**