

Cancer Health Questionnaire — For Pre-Assessment

Only enter life insured policy Initials; do NOT enter full name (for Privacy Reasons).

Initials of life insured: Gender: Date of Birth / /

Smoking Status: Non-Smoker Ex-Smoker Smoker

Postcode of your Life Insured Height: cms Weight: kgs

Relationship Status: Married/Defacto Widowed Single

QuickCalc Reference Number (if applicable):

1. Cancer Diagnosis Details:

When was the life insured first diagnosed?

What type of cancer or tumour?

What stage or grade was it?

OR, select the category that best describes their cancer stage:

Stage 1 - Small, localised cancer with no spread

Stage 3 - Larger cancer that has spread to nearby areas & lymph nodes

Stage 2 - Cancer that may have spread to nearby lymph nodes

Stage 4 - Advanced cancer spread to another part of the body

Unsure (of staging blood cancers like leukemia)

2. What cancer treatments have they received? (Please select all that apply)

Did they receive chemotherapy before surgery?

Surgery

Chemotherapy (including targeted therapy and immunotherapy)

Radiation therapy

Did they need more than one surgery?

Stem cell transplant

Hormone therapy (e.g., tamoxifen for breast cancer)

Treatment as part of a clinical trial

3. What is the life insured's current cancer status? (Please select all that apply)

Yes, been told they are cured (no evidence of cancer, and over 5 years of remission)

Yes, in remission (but still under surveillance)

Cancer is stable, but still receiving ongoing treatment

Not in remissions on treatment

4. Has the life insured had any previous cancers besides the one mentioned above? Yes No

If Yes, please provide details, including type and approximate date diagnosed

5. Has the life insured experienced any complications because of cancer or its treatments? Yes No (Please select any that apply)

"Chemo brain" or "brain fog" (difficulty concentrating or memory issues)

Chronic fatigue

Mental health concerns (e.g., depression, anxiety)

Shortness of breath

Peripheral neuropathy (nerve damage, chronic fatigue, or persistent pain)

Heart complications

6. Does the life insured require help with any daily activities, such as driving, bathing, walking, standing, sitting, dressing, preparing meals or managing administrative and banking tasks? Yes No

If Yes, please provide details of the activities and whether partial or full assistance is needed.

7. Name of all medication(s) currently taking (and dosage)

To fast-track pre-assessment, have the life insured redact their name, photograph current medications, and submit with this questionnaire.

Medicine 1	Dosage	Medicine 4	Dosage
Medicine 2	Dosage	Medicine 5	Dosage
Medicine 3	Dosage	Medicine 6,7,8	Dosage(s)

8. How long has the life insured been attending their current GP/Medical Practice?

Less than 1 year 1-5 years 5-10 years 10 or more years

9. In the last 12 months, approximately how often has the life insured seen their GP/Medical Practice?

Yearly Half Yearly Quarterly Monthly Fortnightly Weekly

10. Please provide details of the life insured's GP / medical practice.

Name of GP

Address

Date Last Seen

11. Would the life insured be willing to confidentially discuss their current health with an iExtend's medical underwriter? Yes No

If Yes, please select a time range (Mon-Friday) that suits the life insured: Morning Early Afternoon Evening (4-6pm)