NAILBA
NAILBA University

POLYP, CYST, TUMOR, OR GROWTH

CLIENT NAME: ______________________ **Date:** ____________

❑ Male ❑ Female Date of birth: ____________ Height: _____' _____" Weight: ____________

Tobacco Use: ❑ Never used ❑ Totally stopped Date stopped: _______ ❑ Use now Type of nicotine product: ____________

Type of Coverage: ❑ Term ❑ UL ❑ Survivor **Type of Coverage:** ❑ Term ❑ UL ❑ Survivor

Coverage Amount: ____________ **Anticipated Premium:** ____________

FAMILY HISTORY

Has proposed insured had a parent, brother or sister who had cancer, diabetes, stroke, heart or kidney disease or who committed suicide?
If yes, use separate sheet to provide this information, including age of onset and date of death.

PROPOSED INSURED'S EXISTING INSURANCE			
Full Name of Company	Face Amount	Year Issued	Is Policy to be Replaced?

1. What type of growth did client have? ____________

2. When was it discovered? Date: ____________

3. What is the specific location in or on the body where it is located?

____

____

4. How many were present or removed? ____________

5. What type of treatment has client had? ____________

6. If removed surgically, what was the pathological diagnosis? ❑ Benign ❑ Malignant
   If you have pathology report available, please provide it.

7. Is client taking any medication? (accurate name, dosage, and reason)

(Accurate) Name of Medication	Dosage	Reason

8. Are there any other health problems? (additional questionnaires may be required) ❑ No ❑ Yes; please give details

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