

MAS, FREEPOST 884, PO Box 13042, Johnsonville, Wellington.  
Phone 0800 800 627. Facsimile (04) 477 0109.

## Cancer/tumour questionnaire

i) Type of tumour	<input type="text"/>		
ii) What was the site of the tumour?	<input type="text"/>		
iii) Histology of the tumour	<input type="checkbox"/> Unknown	<input type="checkbox"/> Benign	<input type="checkbox"/> Malignant or pre-malignant
iv) How long ago was the initial diagnosis made?	<input type="text"/>	Years	<input type="text"/> Months
v) Have you received treatment within the last five years? <i>* Please provide details including the name of specialist consulted.</i>	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="text"/>		
vi) Has there been any recurrence? <i>* If yes, please provide details.</i>	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="text"/>		
vii) Are you undergoing any ongoing follow-up or have you been advised that follow-up treatment is required? <i>* If yes, please provide details including the name of specialist consulted.</i>	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="text"/>		
I <input type="text"/> acknowledge that the answers I have provided above are true and complete and form part of my application under policy <input type="text"/>			
Member Name	<input type="text"/>	<input type="checkbox"/>	(*Please type your name and tick the check box to verify the above information)