

## MEDICAL HISTORY QUESTIONNAIRE: BLADDER CANCER

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender:  Male  Female Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Tobacco Usage:

Coverage Information:

Never

Type:  Term

UL

IUL

Former

Date Stopped: \_\_\_\_\_

WL

VUL

Survivorship

Current

Type: \_\_\_\_\_

Face Amount: \_\_\_\_\_

Premium Tolerance: \_\_\_\_\_

### Proposed Insured's Existing Insurance

Insurance Company	Face Amount	Year Issued	Replacement (Yes/No)

1. Date of Diagnosis \_\_\_\_\_

2. How was the cancer treated? (check all that apply)

Endoscopic resection only

Endoscopic resection and chemotherapy instilled in the bladder

Radical cystectomy

Radiation therapy

Systemic chemotherapy

3. Date treatment was completed: \_\_\_\_\_

4. What stage was the cancer?

TA

Tis

T1

T2

T2A

T2B

T3

T4

6. Has there been any evidence of recurrence?

No

Yes, please give details \_\_\_\_\_

7. Please give the date and result of the most recent cystoscopy and urine cytology: \_\_\_\_\_

8. Please list current medications

Name of Medication	Dosage	Reason

9. Are there any other health issues? (Additional Questionnaires may be required)

No

Yes

If yes, please provide details: \_\_\_\_\_