

MEDICAL HISTORY QUESTIONNAIRE: TESTICULAR 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. What was the type of testicular cancer? Seminoma Non-seminoma

3. What stage was the cancer? I II III

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

Surgery

Chemotherapy

Radiation therapy

5. Date treatment was completed: _____

6. Has there been any evidence of recurrence? No Yes

If yes, please provide details: _____

7. Please give the date and result of the most recent AFP or HGC test: _____

8. Is there a family history of cancer? No Yes

If yes, please provide details: _____

9. Please list current medications

| Name of Medication | Dosage | Reason |
|--------------------|--------|--------|
| | | |
| | | |
| | | |

10. Are there any other health issues? (Additional Questionnaires may be required) No Yes

If yes, please provide details: _____