Elite Marketing Group
An Insurance Designers member since 1986

CANCER
BLADDER CANCER QUESTIONNAIRE

Agent: _____ Phone: _____ Fax: _____

Proposed Insured Name: _____ ☐M ☐F Date of birth: _____

Face Amount: _____ Max. Premium: $ _____/ year ☐UL ☐WL ☐Term ☐Survivorship

Do you currently smoke cigarettes? ☐Y ☐N If no, did you ever smoke: ☐Never ☐Quit (Date): _____

Do you currently use any other tobacco products (e.g. nicotine patch, cigars, pipe, snuff, Nicorette gum...): ☐Y ☐N

If Yes, please provide details: _____

When did you last use any form of tobacco: ____ (Month) _____ (Year) Type used last: _____

Height: _____ ft. _____ in. Weight: _____ lbs.

(1) Date of Diagnosis: _____ ***Date of last treatment:*** _____

(2) Exact name of the type of bladder cancer that has been diagnosed: _____

(3) What was the Stage of the cancer?

☐Stage I ☐Stage II ☐Stage IIIA ☐Stage IIIB ☐Stage IV

or

☐Stage 0 ☐Stage A ☐Stage B1 ☐Stage B2 ☐Stage C ☐Stage D1 ☐Stage D2

or

☐Tis ☐T1N0M0 ☐T2N0M0 ☐T3N0M0 ☐T3BN0M0 ☐T4N1-3M0-1

(4) Was the cancer Graded? If yes, what Grade was assigned?

☐Grade I ☐Grade II ☐Grade III ☐Grade IV

(5) How has the cancer been treated? (please check all that apply)

☐Surgery ☐Radiation Therapy ☐Chemotherapy ☐Immunotherapy / biological therapy ☐Photodynamic therapy

(6) Has there been any evidence of recurrence?

☐No ☐Yes Details: _____

(7) Has there ever been any other kind of other cancer diagnosed for the proposed insured?

☐No ☐Yes Details: _____

(8) Does the proposed insured have any other medical conditions? If yes, please describe:

_____

_____

_____

(9) Please list all current medications that are being taken for any reason:

Name of medication (prescription or otherwise)	Dates used	Quantity taken	Frequency taken