EMG
Insurance Brokerage
An Insurance Designers member since 1987

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