



**CANCER
TESTICULAR 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 first diagnosis:* _____

(2) *Date of last treatment:* _____

(3) *Exact name of the cancer:* _____

(4) *Stage of the cancer:*

I II III IV *or* A B C

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

Surgery Radiation Chemotherapy Other: _____

(6) *Is the proposed insured currently taking any medications? If yes:*

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

(7) *How often does the proposed insured have a cancer screen to detect possible recurrence?*

Every 3 months Every 6 months Yearly Every 2 years Every 5 years

(8) *Has there been any evidence of recurrence? If yes, please provide details:* _____

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