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? ☐ Yes ☐ No If no, did you ever smoke? ☐ Never ☐ Quit (Date): _____
Do you currentl use any other tobacco products (e.g. cigars, pipe, snuff, nicotine patch, Nicorette gum...)? ☐ Yes ☐ No
If yes, please provide details: _____
When did you last use any form of tobacco: _____ (Month) _____ (Year) Type used last: _____

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 ☐ T3N0MO ☐ TBN0M0 ☐ T4N1-3MO-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 proporsed insured have any other medical conditions? If yes, please describe:

_____

_____

_____

9. Please list all current medication that are being taken for any reason:

Name of Medication (Prescription or Otherwise)	Dates used	Quantity taken	Frequency taken