

## MEDICAL HISTORY QUESTIONNAIRE: BLADDER CANCER

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender:  Male  Female Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Tobacco Usage:

Never  
 Former Date Stopped: \_\_\_\_\_  
 Current Type: \_\_\_\_\_

Coverage Information:

Type:  Term  UL  IUL  
 WL  VUL  Survivorship

Face Amount: \_\_\_\_\_

Premium Tolerance: \_\_\_\_\_

### Proposed Insured's Existing Insurance

Insurance Company	Face Amount	Year Issued	Replacement (Yes/No)

1. Date of Diagnosis \_\_\_\_\_

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

Endoscopic resection only  Endoscopic resection and chemotherapy instilled in the bladder  
 Radical cystectomy  Radiation therapy  Systemic chemotherapy

3. Date treatment was completed: \_\_\_\_\_

4. What stage was the cancer?

TA  Tis  T1  T2  T2A  
 T2B  T3  T4

6. Has there been any evidence of recurrence?

No  Yes, please give details \_\_\_\_\_

7. Please give the date and result of the most recent cystoscopy and urine cytology: \_\_\_\_\_

8. Please list current medications

Name of Medication	Dosage	Reason

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

If yes, please provide details: \_\_\_\_\_