



Bladder Cancer Questionnaire

Agent: _____ **Phone:** _____ **Fax:** _____
Client: _____ **DOB :** _____ *Male* *Female*
Product/Face Amount: _____ **Height:** _____ **Weight:** _____

* **TOBACCO/NICOTINE USE (past or present):** **YES***** **NO**
***Please provide details as to any past or present use of tobacco or nicotine products:

* **Date of diagnosis:**

* **Date of final treatment:**

* **What type of bladder cancer was diagnosed?**

* **What was the Stage and Grade of the cancer?**

* **Was there Metastasis (spread of cancer) to other regions?**

* **How was the cancer treated?**

* **Has there been recurrence of the cancer? If yes please provide details.** (dates, additional therapy/treatments, outcome):

* **Have you discontinued or abstained from use of all products containing nicotine?**

* **Do you have any other significant health issues or medical conditions?** (i.e. heart disease, diabetes, etc. – complete additional questionnaires, if indicated)

Condition(s) - List treatment and current status:

NO other medical issues.

* **FAMILY HISTORY:** (Family history may be a factor in determining rate class) **Is there a family history (parent or siblings) of the following conditions/disease onset prior to age 60:**

Cardiac Disease YES NO *Diabetes* YES NO
Stroke or TIA YES NO *Cancer* YES NO

Please provide details for any "YES" response below (attach additional sheet if necessary)

FAMILIAL RELATIONSHIP	SPECIFIC CONDITION(S)	AGE WHEN DIAGNOSED	CURRENT AGE (if living)	DECEASED (list age @ time of death)
<i>FATHER</i>				
<i>MOTHER</i>				
<i>SIBLING 1</i>				
<i>SIBLING 2</i>				

* **MEDICATIONS** - List ALL current medications, prescription and non-prescription (including vitamins, nutritional supplements, herbal preparations, etc) in the space provided below:

MEDICATION	DOSE	MEDICATION	DOSE
1.		5.	
2.		6.	
3.		7.	
4.		8.	

* Have you been previously declined, postponed or rated for life coverage? If so, please outline the circumstances in detail. Include date(s), insurance company name(s), reason provided for adverse action, and nature of prior submission (formal application vs. informal/trial submission), etc.

*Are there any other health factors, circumstances or information you consider to be important in evaluating you as an applicant for life insurance?