

Policy Number: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## **Bladder Cancer Questionnaire**

Broker \_\_\_\_\_ Phone \_\_\_\_\_ FAX \_\_\_\_\_

Client \_\_\_\_\_ Age/DOB \_\_\_\_\_ Sex \_\_\_\_\_

Policy Type:    Term     UL     Whole Life     LTC     DI

If the insured has a history of bladder cancer, please answer the following:


① Please list date of first diagnosis: \_\_\_\_\_

 How was the cancer treated? (Check all that apply)


- endoscopic resection only
- endoscopic resection and chemotherapy instilled in the bladder
- radical cystectomy (removal of the bladder)
- radiation therapy
- systemic chemotherapy


 What stage was the cancer?

- Tis     T3a
- Ta     T3b
- T1     T4
- T2


 Has there been any evidence of recurrence?

- yes, please give details \_\_\_\_\_
- no


 Please give the date and result of the most recent cystoscopy

 Is the insured on any medications?

- yes, please give details \_\_\_\_\_
- no

 Has the insured smoked cigarettes in the last 12 months?

- yes, please give details \_\_\_\_\_
- no

 Does the insured have any other major health problems (example: heart disease, etc.)?

- yes, please give details \_\_\_\_\_
- no

Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Insured Signature: \_\_\_\_\_ Date: \_\_\_\_\_