



MEDICAL HISTORY QUESTIONNAIRE: BLADDER CANCER

Client Name: _____ Date of Birth: _____

Gender: Male Female Height: _____ Weight: _____

Tobacco Usage:

Coverage Information:

- Never
- Former Date Stopped: _____
- Current Type: _____

- 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: _____