



# Testicular Cancer Questionnaire

Submit This Form with your application for better informed underwriting

## Client Information

<b>Client Name:</b>				
<b>DOB:</b>	<b>Gender</b>	<b>Height</b>	<b>Weight</b>	<b>Marital Status</b>
<b>Occupation &amp; Length of Employment:</b>				
<b>Tobacco Use</b>	Never Used	Totally Stopped		Current User
		<b>Date Stopped</b>		<b>Type Used</b>
<b>Type of Coverage</b>	Term	UL	Survivor	<b>Amount \$</b>

## Essential Information

1	Date of first diagnosis		What was the type of testicular cancer?	
2	Is there a family history of cancer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date treatment was completed	
	<i>If there is history please give details:</i>			
3	List current medications (provide accurate name, dosage and reason)			
4	How was the cancer treated?	Surgery		
		Chemotherapy		
		Radiation Therapy		
5.	Has there been any evidence of recurrence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, provide details</i>	
6.	What was the stage and grade of the cancer?	Stage:	Grade	
7	Date and Result of most recent AFT or HCG test:			
8.	What did the pathology report reveal?			
9	List any other Health issues (another questionnaire may be needed)			

**Confidential**

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