



# Cancer - Bladder 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 Diagnoses	Date	Stage	Tis	Ti	T3a	T4
				Ta	T2	T3b	
2	How was the cancer treated (check all that apply)	Endoscopic resection only		Radical cystectomy (bladder removal)		Systemic Chemotherapy	
		Endoscopic resection & chemo instilled in the bladder		Radiation therapy			
3	Has there been any evidence of recurrence?	<input type="checkbox"/> Yes	If yes provided details:				
		<input type="checkbox"/> No					
4	Date & result of the most recent cystoscopy and urine cytology	Date	Results				
5	List medications client is taking (accurate name, dosage, and reason)						
6	List any other health issues						

**Confidential**

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