INSURANCE DESIGNERS

Testicular Cancer Questionnaire

Insurance Designers of Central Texas, LLC

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Today's Date: **Agent:**

Full Name: **Male or Female?**

Height and weight: **Date of Birth:**

Note: We encourage you to please fax us a copy of your pathology report, as it will contain the answers we need in order to obtain the most accurate quote.

1. **When were you diagnosed with testicular cancer (month, year and age)?**

2. **How were you treated and when (month and year: _____)?**
   - **___ Surgery**
   - **___ Chemotherapy**
   - **___ Radiation therapy**
   - **___ Other_____**

3. **Please give date and result of most recent AFP or hCG test:**

4. **What was the stage of the cancer?**
   - **___ Stage 1 (Tumor confined to the testis)**
   - **___ Stage 2 (Metastasis to retroperitoneal lymph nodes)**
   - **___ Stage 3 (Metastasis to supradiaphragmatic lymph nodes or other organs)**

5. **Has there been any evidence of recurrence? ___ Yes ___ No**
   If yes, give date and details:

6. **How often do you see your doctor for follow up on this?**

7. **What medications do you take, reason, dosage and how often?**

8. **Has your weight remained stable or have you lost or gained weight in the past year? If so, how much?**

9. **Do you have any family history of cancer? If so, list member(s) and current age.**

10. **Please indicate type of tobacco EVER used:**

Type:	Amount per (circle frequency):	Date last used:	Still use?
___Smokeless	___daily/monthly/yearly	_____	__Yes __ No
___Cigarettes	___per day/month/year	_____	__Yes __ No
___Cigar	___per day/month/year	_____	__Yes __ No
___Patch/Gum	___per day/month/year	_____	__Yes __ No