

## MEDICAL HISTORY QUESTIONNAIRE: TESTICULAR CANCER

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender:  Male  Female Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Tobacco Usage:  Never  Former  Current  
 Date Stopped: \_\_\_\_\_ Type: \_\_\_\_\_

Coverage Information:  
 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. What was the type of testicular cancer?  Seminoma  Non-seminoma

3. What stage was the cancer?  I  II  III

4. How was the cancer treated? (check all that apply)  
 Surgery  Chemotherapy  Radiation therapy

5. Date treatment was completed: \_\_\_\_\_

6. Has there been any evidence of recurrence?  No  Yes  
 If yes, please provide details: \_\_\_\_\_

7. Please give the date and result of the most recent AFP or HGC test: \_\_\_\_\_

8. Is there a family history of cancer?  No  Yes  
 If yes, please provide details: \_\_\_\_\_

9. Please list current medications

Name of Medication	Dosage	Reason

10. Are there any other health issues? (Additional Questionnaires may be required)  No  Yes  
 If yes, please provide details: \_\_\_\_\_