



Renal (Kidney) Cancer Questionnaire

Name: _____

Date of Birth: _____

Height: _____ Weight: _____

Sex: Male / Female

Tobacco Usage: _____

Face Amount: _____

___Term 10 15 20 30 ___UL

1. When was renal (kidney) cancer diagnosed? _____

2. What stage was diagnosed?

___ Stage I

___ Stage II

___ Stage III

___ Stage IV

___ Recurrent Renal Cell Cancer

3. What T-stage was diagnosed?

___T1

___T2

___T3a

___T3b

___T3c

___T4

4. Did cancer spread to the lymph nodes near the kidneys? ___Yes ___No

If yes, how many lymph nodes were involved? _____

5. Did cancer metastasize? ___No metastasis ___Distant metastasis present

6. How was the proposed insured treated? (Check all that apply)

___ Surgery (Details): _____

___ Hormonal therapy ___ Chemotherapy ___ Radiation ___ Immunotherapy

7. What was the date of final treatment? _____

8. Is the proposed insured taking any medication for this condition or any other? ___Yes ___No

(If yes, please provide name, dosage, and frequency): _____

