



TESTICULAR CANCER QUESTIONNAIRE

Name: _____

Date of Birth: _____

Height: _____ Weight: _____

Sex: M/F

Tobacco Usage: _____

Face Amount: _____

___Term 10 15 20 30

___UL

1. When was the cancer first diagnosed? _____

2. What stage cancer was diagnosed: ___Stage I ___Stage II ___Stage III ___Stage IV

3. What was the cellular classification? ___Seminoma ___Non-Seminoma

4. Was there any spreading of the cancer (to lymph nodes, other organs, etc.)? _____

a. If yes, where and how many? _____

5. What treatments did the proposed insured receive (surgery, chemotherapy, radiation)?

a. How long did it last? _____

6. Is the proposed insured taking any medications? ___Yes ___No

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