MEDICAL HISTORY QUESTIONNAIRE: KIDNEY CANCER

Client Name: _____ Date of Birth: _____

Gender: ☐ Male ☐ Female Height: _____ Weight: _____

Tobacco Usage:

☐ Never
☐ Former Date Stopped: _____
☐ Current 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. Type of cancer:

☐ Renal Cell Carcinoma ☐ Clear Cell Carcinoma ☐ Tubular Carcinoma ☐ Hypernephroma
☐ Nephroblastoma / Wilm's Tumor ☐ Renal Pelvis ☐ Other: _____

3. How was the cancer treated? (check all that apply)

☐ Partial Nephrectomy ☐ Total Nephrectomy ☐ Radiation Therapy
☐ Systemic Chemotherapy

4. Date treatment was completed: _____

5. What stage was the cancer?

☐ T1 ☐ T2 ☐ T3a ☐ T3b / T3c ☐ T4

6. Grade (if known) ☐ Grade I ☐ Grade II ☐ Grade III ☐ Grade IV

7. Any lymph node involvement: _____

8. Has there been any evidence of recurrence?

☐ No ☐ Yes, please give details _____

9. Please give the date and result of the most recent surveilance scan and kidney function tests: _____

10. Please list current medications

Name of Medication	Dosage	Reason

11 Are there any other health issues? (Additional Questionnaires may be required) ☐ No ☐ Yes

If yes, please provide details _____