



## Kidney Cancer

*Please answer all questions applicable to the client's medical history.*

Producer Name \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Client Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  Male  Female

Face Amount \_\_\_\_\_ Max Premium \$ \_\_\_\_\_ /yr.  Term  Permanent

Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)?  Yes  No

Frequency \_\_\_\_\_ Date of last use \_\_\_\_\_ Type \_\_\_\_\_

Exact type of renal cancer

- Adenocarcinoma     Clear Cell Carcinoma     Hypernephroma     Nephroblastoma  
 Renal Cell Carcinoma     Sarcoma     Wilms' tumor

Stage  1 (T1NOMO)     2 (T2NOMO)  
 3 (T3NOMO)    or     (T1-3N1 MO), please specify which  
 4 (T4 NO-1 MO)    or     (Tany N2 MO)    or     (Tany Nany M1), please specify which

Date of first diagnosis \_\_\_\_\_ Date of surgery \_\_\_\_\_

Type of surgery     Nephrectomy (removal of the entire kidney)     Partial nephrectomy (only part of the kidney removed)  
 Other procedure: please explain below

Did the client have any  chemo  radiation If yes, date of last treatment \_\_\_\_\_

Have urinalysis results been in normal range?  Yes  No If not, provide details of abnormalities \_\_\_\_\_

Have kidney functions been in normal range on blood work?  Yes  No If not, provide details of abnormalities \_\_\_\_\_

If known, please provide the readings from most recent labs  
 Creatinine \_\_\_\_\_ BUN \_\_\_\_\_ GFR \_\_\_\_\_

Any evidence of recurrence?  Yes  No If yes, provide details below \_\_\_\_\_

Name of Medication (prescription or otherwise)	Dates Used	Quantity Taken	Frequency Taken

List any other major health problems the client has: \_\_\_\_\_