Testicular 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 _____

Date of diagnosis_____ Date of last treatment_____

Type of cancer:
☐ Seminoma ☐ Non-Seminoma ☐ Non Germ Cell ☐ Sarcoma

Stage
☐ I ☐ II ☐ III ☐ IV or ☐ A ☐ B ☐ C

How was the cancer treated (select all that apply)
☐ Surgery ☐ Radiation ☐ Chemotherapy ☐ Other_____

How often does the client have a cancer screen to detect possible recurrence? _____

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:

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