



Bladder Cancer Questionnaire

Insurance Designers of Central Texas, LLC
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Phone 512-257-9700
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Today's Date:

Agent:

Full Name:

Male or Female?

Height and weight:

Date of Birth:

Note: We encourage you to please fax us a copy of your pathology report, as it will contain some of the information in order for us to obtain the most accurate tentative quote.

1. When were you diagnosed (month, year and age)?

2. What was the stage? *Please call your doctor's office and ask if you are not sure.*

Tis Ta T1
 T2 T3a T3b
 T4

3. How were you treated?

Endoscopic resection and chemotherapy placed in bladder Date:

Endoscopic resection only Date:

Radical cystectomy (removal of bladder) Date:

Radiation therapy: Start and end dates:

Systemic chemotherapy: Start and end dates:

Other _____

4. Has there been any recurrence? Yes No

If yes, give details and dates:

5. Please give the date and result of the most recent cystoscopy:

6. Please give the date and result of the most recent urine cytology:

7. How often do you see your doctor and when was the most recent visit?

8. What medications do you take, reason, dosage and how often?

9. Has your weight remained stable or have you ___ lost or ___ gained weight in the past year? If so, by how much?

10. Please indicate type of tobacco EVER used:

Type:	Amount per (circle frequency):	Date last used:	Still use?
___ Smokeless	___ daily/monthly/yearly	_____	___ Yes ___ No
___ Cigarettes	___ per day/month/year	_____	___ Yes ___ No
___ Cigar	___ per day/month/year	_____	___ Yes ___ No
___ Patch/Gum	___ per day/month/year	_____	___ Yes ___ No