



Thyroid Cancer Questionnaire

Insurance Designers of Central Texas, LLC
12466 Los Indios Trail #100
Austin, TX 78729
Phone 512-257-9700
FAX 512-257-9701

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 type?

Papillary Follicular Hurthle cell Medullary Anaplastic

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

Stage 1 (localized)
 Stage 2 (local cervical invasion)
 Stage 3 (lymph node positive)
 Stage 4 (distant metastasis)

4. How were you treated?

<input type="checkbox"/> Partial thyroidectomy	Date:
<input type="checkbox"/> Total thyroidectomy	Date:
<input type="checkbox"/> Radioactive iodine therapy	Start and end dates:
<input type="checkbox"/> Chemotherapy	Start and end dates:
<input type="checkbox"/> Radiation	Start and end dates:
<input type="checkbox"/> Other _____	

Were any lymph nodes removed? Yes No

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

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

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

8. 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

9. (For Medullary thyroid cancer only):

a) Have follow-up calcitonin levels been normal? ___ Yes ___ No

Please provide most recent lab results: _____

b) Do you have any other endocrine tumors or disease? ___ Yes ___ No

If yes, please give details: