



Uterine (Endometrial) 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 the answers to question 4 which needs to be answered accurately in order to obtain the most accurate quote.

1. When were you diagnosed (month, year and age)?
2. How were you treated and when (month and year: _____)?
 - ___ Total hysterectomy
 - ___ Radiation therapy
 - ___ Chemotherapy
 - ___ Hormonal therapy
 - ___ Other _____
3. Date treatment ended: _____
4. What was the stage of the cancer?
___ Stage 0 (in situ) ___ Stage I ___ Stage II ___ Stage III ___ Stage IV
5. How often do you see your doctor for follow ups?
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, how much?
8. Do you have any family history of cancer? If so, list member(s) and current age.