



# Testicular Cancer Questionnaire

Agent Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_

Agent E-mail: \_\_\_\_\_

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex:  Male /  Female Height: \_\_\_\_\_ Weight: \_\_\_\_\_ State: \_\_\_\_\_ Smoker:  Yes /  No

Face Amount: \$ \_\_\_\_\_ Type of Insurance:  UL  WL  SUL  Term (# of years \_\_\_\_\_)

1. When was the proposed insured first diagnosed with testicular cancer? \_\_\_\_\_

2. What stage was diagnosed?  Stage 1  Stage 2  Stage 3

3. What was the cellular classification?  Seminoma  Non-Seminoma

4. Did the cancer spread to lymph nodes or other organs?  Yes  No

If yes, provide details and location(s): \_\_\_\_\_

\_\_\_\_\_

5. What treatments did the proposed insured receive?

Surgery Date and details: \_\_\_\_\_

Chemotherapy How long did it last: \_\_\_\_\_

Radiation How long did it last: \_\_\_\_\_

6. Is the proposed insured currently taking any medication(s)?  Yes  No

If yes, provide name, dosage and frequency of medication(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FAX or E-MAIL to Donna Winterstine at 301-355-0429 / [dwinterstine@bsibroker.com](mailto:dwinterstine@bsibroker.com)**