

Underwriting Questionnaire

Kidney Cancer



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 _____

Exact type of renal cancer

- Adenocarcinoma Clear Cell Carcinoma Hypernephroma Nephroblastoma
 Renal Cell Carcinoma Sarcoma Wilms' tumor

Stage 1 (T1NOMO) 2 (T2NOMO)
 3 (T3NOMO) or (T1-3N1 MO), please specify which
 4 (T4 NO-1 MO) or (Tany N2 MO) or (Tany Nany M1), please specify which

Date of first diagnosis _____ Date of surgery _____

Type of surgery Nephrectomy (removal of the entire kidney) Partial nephrectomy (only part of the kidney removed)
 Other procedure: please explain below

Did the client have any chemo radiation If yes, date of last treatment _____

Have urinalysis results been in normal range? Yes No If not, provide details of abnormalities _____

Have kidney functions been in normal range on blood work? Yes No If not, provide details of abnormalities _____

If known, please provide the readings from most recent labs
 Creatinine _____ BUN _____ GFR _____

Any evidence of recurrence? Yes No If yes, provide details below

| Name of Medication (prescription or otherwise) | Dates Used | Quantity Taken | Frequency Taken |
|--|------------|----------------|-----------------|
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List any other major health problems the client has: