

# Kidney Cancer

## Questionnaire



Knowledge. Experience. Results.

**Please answer all questions applicable to the client's medical history.**

Producer Name \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Client Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  Male  Female

Face Amount \_\_\_\_\_ Max Premium \$ \_\_\_\_\_ /yr.  UL  WL  Term  Survivorship

Does the client currently smoke cigarettes  Yes  No If no, did he/she ever smoke?  Never  Quit (date) \_\_\_\_\_

Does the client currently use any other tobacco products (e.g. nicotine patch, cigars, pipe, snuff, Nicorette gum, etc.)  Yes  No

If yes, please provide details: \_\_\_\_\_

When did he/she last use any form of tobacco: \_\_\_\_\_ (Month) \_\_\_\_\_ (Year) Type used last: \_\_\_\_\_

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

(continued)

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Any family history of cancer

Relation	Type	Age of Onset	Age at Death (if applicable)

Name of Medication (prescription or otherwise)	Dates Used	Quantity Taken	Frequency Taken

List any other major health problems the client has (e.g. cancer, etc.)