

Testicular Cancer Quote Request

Name _____ Sex M F Date of Birth _____

Height _____ Weight _____ Smoker? Y N State _____

Coverage Desired? _____ Amount _____ Plan Desired? _____

Have you ever been Rated or Declined for insurance? If YES Complete details please

When were you first told that you had Testicular Cancer? _____

How was the cancer treated? (Please circle all that apply and give dates of treatment)
Surgery Chemotherapy Radiation Other

What was the size of the Tumor? _____

What was the Stage of the Tumor? _____

Has the cancer spread beyond the original site? Y N
Were any Lymph Nodes involved? Y N
If YES, Complete Details please _____

Are you on any Medication or Radiation Treatment now? Y N
When was the last date of Medication or Radiation Treatment? _____

Is there any evidence of recurrence? Y N
If YES, Complete Details please _____

What have been your recent Blood Pressure readings? _____
What has been your recent Cholesterol readings? _____

Do you have Diabetes? Y N When Diagnosed? _____
If YES, what medication are you taking? _____

Do you have any Family History of Breast Cancer, Heart Disease or Diabetes? _____
If YES, Complete Details please _____

Please list all medications being taken: _____

Do you have any other major health problems? (example: Coronary Artery Disease, etc)?

Please also submit a copy of the Pathology Report - We must have to quote properly.

Broker Submitting Questionnaire: _____
Address _____
Phone: _____ FAX: _____ E-mail: _____

Please send completed form: Victorson Associates, Inc. PO Box 863 Smithtown, NY 11787
You may Fax to: (631) 265-7054 or E-mail to: vainc@victorson.com