



## Testicular Cancer

*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.  Term  Permanent

Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)?  Yes  No

Frequency \_\_\_\_\_ Date of last use \_\_\_\_\_ Type \_\_\_\_\_

Date of diagnosis \_\_\_\_\_ Date of last treatment \_\_\_\_\_

Type of cancer:

Seminoma  Non-Seminoma  Non Germ Cell  Sarcoma

Stage

I  II  III  IV or  A  B  C

How was the cancer treated (select all that apply)

Surgery  Radiation  Chemotherapy  Other \_\_\_\_\_

How often does the client have a cancer screen to detect possible recurrence? \_\_\_\_\_

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

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

List any other major health problems the client has:

### Questions?

Call McGill Brokerage at (800)-279-0751 ext. 233 for Dan Dahl, 210 for Tim Simmons, and 228 for Gary Kay. Email questions or completed forms to [ddahl@mcgillbrokerage.com](mailto:ddahl@mcgillbrokerage.com), [tsimmons@mcgillbrokerage.com](mailto:tsimmons@mcgillbrokerage.com), and [gkay@mcgillbrokerage.com](mailto:gkay@mcgillbrokerage.com).