

CANCER—PROSTATE CANCER QUESTIONNAIRE

Agent: _____ Phone: _____ Fax: _____

Proposed Insured Name: _____ M F Date of Birth: _____
 Face Amount: _____ Max. Premium: \$_____/year UL WL Term Survivorship
 Do you currently smoke cigarettes? Y N If no, did you ever smoke: Never Quit (Date): _____
 Do you currently use any other tobacco products (e.g. cigars, pipe, snuff, nicotine patch, Nicorette gum...): Y N
 If Yes, please provide details: _____
 When did you last use any form of tobacco: _____ (Month) _____ (Year) Type used last: _____
 Height: ____ft. ____in. Weight: ____lbs.

(1) a) Please provide date of diagnosis: _____ b) Please provide date of last treatment: _____

(2) What was the Stage of the cancer diagnosed (this information should be contained in the pathology report)?

A1 A2 B1 B2 C1 C2 D1 D2 Recurrent

(3) What was the Prostate Cancer's Gleason Score? _____ or What was the Prostate Cancer's Grade? _____

(4) a) Please give the result and date of the last PSA test prior to treatment (if any): _____ (result) _____ (date)

b) Please give the result and date of the most recent PSA test: _____ (result) _____ (date)

(5) How has the Prostate Cancer been treated?

Observation Only Transurethral prostatectomy (TURP) Radical Prostatectomy Biological Therapy
 Radiation Therapy Hormone Therapy Castration (physical) Castration (chemical)

(6) Has the proposed insured taken any medications to treat the cancer in the past and/or is he currently taking any medications?

Name of Medication (Prescription or Otherwise)	Dates used	Quantity Taken	Frequency Taken

(7) Has there been any evidence of recurrence?

No Yes Details: _____

(8) Does the proposed insured have any other medical conditions? If yes, please describe:
