

PROSTATE CANCER QUESTIONNAIRE

Agent: _____	Phone: _____	Fax: _____
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Proposed Insured Name: _____	<input type="checkbox"/> M	<input type="checkbox"/> F	Date of Birth: _____
Face Amount: _____	Max. Premium: \$ _____/year	<input type="checkbox"/> UL	<input type="checkbox"/> WL
Do you currently smoke cigarettes? <input type="checkbox"/> Y <input type="checkbox"/> N		If no, did you ever smoke: <input type="checkbox"/> Never <input type="checkbox"/> Quit (Date): _____	
Do you currently use any other tobacco products (e.g. cigars, pipe, snuff, nicotine patch, Nicorette gum...): <input type="checkbox"/> Y <input type="checkbox"/> N		If Yes, please provide details: _____	
When did you last use any form of tobacco: _____ (Month) _____ (Year) Type used last: _____			

(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

T1a T1b/c T2 T3 T4

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

(4) a) What was the PSA prior to treatment? _____ (result) _____ (date)

b) What was the latest PSA? _____ (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 take 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) Was there any node involvement, metastasis, or has there been any evidence of recurrence?

No Yes Details: _____

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