



An insurance Designers member since 1986

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. nicotine patch, cigars, pipe, snuff, 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 cancer been treated? (please check all that apply)

- 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:
