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: _____

(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:

_____

_____

_____