



Pituitary Adenoma Questionnaire

Name: _____ Date of Birth: _____

Height: _____ Weight: _____ Sex: M/F

Tobacco Usage: _____ Face Amount: _____

____Term 10 15 20 30 ____UL

1. When was pituitary adenoma first diagnosed? _____

2. What type of pituitary adenoma was diagnosed? (Check one)

____Corticotrophic Adenoma ____Somatotrophic Adenoma
____Thyrotrophic Adenoma ____Gonadotrophic Adenoma
____Lactotrophic Adenoma ____Null Cell Adenoma

3. What is the size of the pituitary adenoma? _____

4. How was the pituitary adenoma discovered? _____

5. What treatment has the proposed insured received? (Check all that apply)

____Surgery Date: _____ Details: _____
____Radiation Date: _____ Details: _____
____Medication Date: _____ Details: _____

6. Is the proposed insured taking any medications for this condition or any other? ____Yes ____No
(If yes, please provide name, dosage, and frequency):

Name: _____ Dosage: _____ Frequency: _____

Name: _____ Dosage: _____ Frequency: _____

Name: _____ Dosage: _____ Frequency: _____

Name: _____ Dosage: _____ Frequency: _____