



Prostate Cancer Questionnaire

Name: _____

Date of Birth: _____

Height: _____ Weight: _____

Sex: M/F

Tobacco Usage: _____

Face Amount: _____

___Term 10 15 20 30

___UL

1. When was the cancer, first, diagnosed? _____

2. What was the proposed insured's PSA at the time of diagnosis? _____

3. What was the proposed insured's Gleason Score at the time of diagnosis? _____

4. What are the grade, stage, and size of the cancer? _____

5. Was there any spreading of the cancer to lymph nodes, other organs, etc.? ___Yes ___No

(If yes where and how many)? _____

6. What treatments did the proposed insured receive (surgery, chemotherapy, radiation)?

How long did it last? _____

7. What is the proposed insured's PSA now? _____

8. Is the proposed insured taking any medications? ___Yes ___No

(If yes, please provide name, dosage, and frequency):
