



## 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):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_