

MEDICAL HISTORY QUESTIONNAIRE: PROSTATE CANCER

Client Name: _____ Date of Birth: _____

Gender: Male Female Height: _____ Weight: _____

Tobacco Usage: Never Former Current
 Date Stopped: _____ Type: _____

Coverage Information:
 Type: Term UL IUL
 WL VUL Survivorship
 Face Amount: _____
 Premium Tolerance: _____

Proposed Insured's Existing Insurance			
Insurance Company	Face Amount	Year Issued	Replacement (Yes/No)

1. Date of Diagnosis _____

2. What stage was the cancer?
 0 I II III IV

3. What was the Gleason score? _____

4. What was the pretreatment PSA? _____

5. What is the date and result of the most current PSA test? _____

6. How was the cancer treated? (check all that apply)
 Observation Only TURP Radical prostatectomy
 Radiation Therapy

7. Date treatment was completed: _____

8. Has there been any evidence of recurrence? No Yes

If yes, please provide details: _____

9. Is there a family history of cancer? No Yes

If yes, please provide details: _____

10. Please list current medications

Name of Medication	Dosage	Reason

11. Are there any other health issues? (Additional Questionnaires may be required) No Yes

If yes, please provide details: _____

