



## Prostate Cancer Questionnaire

**Agent:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
**Client:** \_\_\_\_\_ **DOB :** \_\_\_\_\_  *Male*  *Female*  
**Product/Face Amount:** \_\_\_\_\_ **Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_

\* **TOBACCO/NICOTINE USE (past or present):**  **YES\*\*\***  **NO**

\*\*\*Please provide details as to any past or present use of tobacco or nicotine products, including type of use, duration & frequency of use, date quit, etc.:

\* Please note your date of diagnosis and provide a brief summary as to the circumstances surrounding your clinical diagnosis (history of PSA elevation, prostatic hypertrophy, low-free/total PSA, etc)

\* What was the *STAGE & GRADE* of the prostate cancer/tumor?

\* What was the *GLEASON SCORE* of the prostate tissue/tumor?

\* Has there ever been *metastasis (spread of cancer)* to other organ systems or regions of the body?

\* Please note your *pre-treatment* PSA level (list as many dates & PSA results as possible *prior* to treatment):

\* If *free/total PSA ratio* had been performed **pre-treatment OR post-treatment**, please note result(s)  
(Free/total PSA ratio values are expressed in the form of a %)

\* What treatment program was employed in your prostate cancer treatment? (Please check all that apply)

- Prostatectomy** (*surgical removal of prostate*)
- Radiation/radiotherapy** (*including microwave treatment*)
- Brachytherapy**
- Chemotherapy** (*including hormone injections*)
- “Watchful waiting”** (*PSA monitoring and clinical examinations only, without any definitive medical treatment to date*)

✳️ Please list the specific *date range/timeframes* of treatment combination of treatments provided to date. Include date (month & year) of completion for all treatment & follow up post-diagnosis:

✳️ Please note your PSA level post-completion of therapy:(list as many dates and PSA results as possible after completion of treatment).

✳️ Has there been any recurrence of prostate cancer, or any progressive rise or fluctuation in post-treatment PSA level? If yes please provide details. (dates, additional therapy/treatments, outcome, PSA level/trend)

✳️ **MEDICATIONS** - List ALL current medications, prescription and non-prescription (including any injectable medication given periodically, vitamins, nutritional supplements, herbal preparations, etc) in the space provided below:

MEDICATION	DOSE	MEDICATION	DOSE
1.		5.	
2.		6.	
3.		7.	
4.		8.	

✳️ **FAMILY HISTORY:** (Family history may be a factor in determining rate class) Is there a family history (parent or siblings) of the following conditions/disease onset prior to age 60:

Cardiac Disease     YES  NO                      Diabetes                       YES  NO  
 Stroke or TIA         YES  NO                      Cancer                       YES  NO

Please provide details for any “YES” response below (attach additional sheet if necessary)

FAMILIAL RELATIONSHIP	SPECIFIC CONDITION(S)	AGE WHEN DIAGNOSED	CURRENT AGE (if living)	DECEASED (list age @ time of death)
FATHER				
MOTHER				
SIBLING 1				
SIBLING 2				

**\* Do you have any other significant health issues or medical conditions not outlined or mentioned on this form? (Complete additional questionnaires, as indicated)**

*Condition(s) - List treatment and current status:*

*NONE - NO other medical conditions or health issues.*

**\* Have you been previously declined, postponed or rated for life coverage? If so, please outline the circumstances in detail. Include date, insurance company name, reason for decision, as provided by the carrier and the nature of any prior application/submission (formal application vs. informal/trial submission), etc.**

**\*Are there any other health factors, circumstances or information you consider to be important in evaluating you as an applicant for life insurance?**