

Prostate Cancer Questionnaire

Agent Name _____ Phone _____

Email Address _____

Applicant Last Name _____ Date of Birth _____

Sex Male Female Height/Weight _____ / _____

Occupation _____ Ever use nicotine products?

If yes, check type and list date last used: Other: _____

Date last used _____ Frequency per month _____

Product Applying for: Term Universal Face Amount _____

1. Dates of your diagnosis: _____
2. What was the pretreatment PSA? _____
3. Please give the Stage and Grade of cancer: _____
4. Number of Lymph nodes involved: _____
5. How was/is the cancer treated?
Observation Only TURP (transurethral prostatectomy)
Radial Prostatectomy Radiation Therapy (seed implant or external beam radiation)
6. What is the date and result of most recent PSA test? _____
7. What was the Gleason Score? _____
8. What stage was the cancer? _____
9. Any family history of cancer? No Yes
If yes, please provide details: _____
10. Are you on any medication(s)? No Yes
If yes, provide name(s) and dosage(s): _____

Additional Comments:

