CANCER—PROSTATE

CLIENT NAME: _____ **Date:**_____

☐ Male ☐ Female Date of birth: _____ Height: _____' _____" Weight: _____

Tobacco Use: ☐ Never used ☐ Totally stopped Date stopped: _____ ☐ Use now Type of nicotine product: _____

Type of Coverage: ☐ Term ☐ UL ☐ Survivor ☐ Disability **Coverage Amount:** _____

Annual Income:_____ **Occupation/Job duties:** _____ **State of Residence:** _____

Anticipated Premium: _____

FAMILY HISTORY

Has proposed insured had a parent, brother or sister who had cancer, diabetes, stroke, heart or kidney disease or who died by suicide?

If yes, use separate sheet to provide this information, including age of onset and date of death

PROPOSED INSURED'S EXISTING INSURANCE			
Full Name of Company	Face Amount	Year Issued	Is Policy to be Replaced?

1. Date of diagnoses: _____

2. What was the pretreatment PSA? _____

3. How was the cancer treated? (check all that apply)

☐ Observation only

☐ Radiation therapy (seed implant or external beam radiation; Date(s) of treatment: _____

☐ Radical prostatectomy: Date: _____

☐ TURP (transurethral prostatectomy) Date: _____

☐ Other (including hormone treatment), Please specify and provide date of last treatment: _____

_____

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

_____

5. What was the Gleason score? _____ (Please specify break down above Gleason 6; e.g., for Gleason 7, specify if 4+3 or 3+4).

6. Please provide the TNM Stage: _____

7. Any history of recurrence? ☐ No ☐ Yes; please provide details:_____

8. Is there a family history of cancer? ☐ No ☐ Yes; please provide details:_____

9. What medications is client taking? (accurate name, dosage, and reason)

(Accurate) Name of Medication	Dosage	Reason

10. Are there any other health problems? (additional questionnaires may be required) ☐ No ☐ Yes; please give details

_____

_____

