

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 **Type of Coverage:** Term UL Survivor UL

Coverage Amount: _____ **Anticipated Premium:** _____

FAMILY HISTORY

Has proposed insured had a parent, brother or sister who had cancer, diabetes, stroke, heart or kidney disease or who committed 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 TURP (transurethral prostatectomy) Radical prostatectomy

Radiation therapy (seed implant or external beam radiation)

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

5. What was the Gleason score? _____

6. What state was the cancer? _____

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

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

(Accurate) Name of Medication	Dosage	Reason

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

FAMILY HISTORY (ADDENDUM)

CLIENT NAME: _____	Date: _____
<input type="checkbox"/> Male <input type="checkbox"/> Female Date of birth: _____ Height: _____' _____" Weight: _____	

1. Has the proposed insured had relative(s) with any of the following:

- Parent
Has had: Cancer Diabetes Stroke Heart disease Committed suicide Other (explain below)
Age of onset: _____ Date of death: _____
- Brother
Has had: Cancer Diabetes Stroke Heart disease Committed suicide Other (explain below)
Age of onset: _____ Date of death: _____
- Sister
Has had: Cancer Diabetes Stroke Heart disease Committed suicide Other (explain below)
Age of onset: _____ Date of death: _____

2. If yes to any of the above, please provide details/information
