

Prostate Cancer Questionnaire –

To provide the most accurate risk assessment please obtain and provide pathology report for review

Tentative offers obtained are not binding and could be subject to change – Final offers are subject to formal application and review of all required age/face requirements, paramedical requirements and review of complete medical records.

Agent/Advisor Name: _____

Proposed Insured: _____ Date Of Birth: _____ Gender: Male or Female

Build: Height _____ Weight _____ Any Weight Loss In Last Year? If so how much _____

Product Desired: Term Guarantee UL Index UL Whole Life Survivorship Life

Face Amount Desired: Option 1 \$ _____ Option 2 \$ _____ Option 3 \$ _____

Maximum Premium Tolerance Per Year: _____

Has Client Ever Used Any Form Of Nicotine? No Yes

Type: Cigarettes Cigars Pipe Chew Patch Nicorette Gum E-Cigarette Vape

Frequency: _____ Date Last Used _____

Current Alcohol Use: Type _____ Number of Drinks: _____ Per _____ Day _____ Week Date Last Used: _____

- 1) Provide date of diagnosis? _____ Provide date of last treatment? _____
- 2) What was the stage of the cancer diagnosed? A1 A2 B1 B2 C1 C2 D1 D2 Recurrent
 T1a T1b/c T2 T3 T4
- 3) What was the Prostate Cancer's Gleason Score? _____ What was the Prostate Cancer's Grade? _____
- 4) What was the PSA prior to treatment? _____ (result) _____ (date)
- 5) What was the latest PSA? _____ (result) _____ (date)
- 6) How has the Prostate Cancer been treated? Observation Only Radiation Therapy
 Transurethral prostatectomy (TURP) Hormone Therapy Radical Prostatectomy Castration (physical)
 Biological Therapy Castration (chemical) Other: _____
- 7) Have you taken any medications to treat the prostate cancer in the past and/or is currently taking any medications?
 Yes No If yes; list below

| Name of Medication (Prescription or Otherwise) | Dates Used | Quantity Taken | Frequency Taken |
|--|------------|----------------|-----------------|
| | | | |
| | | | |

- 8) Was there any node involvement or metastasis? Yes No If yes; provide details:

- 9) Has there been any evidence of recurrence? Yes No If yes; provide details:

- 10) Have you ever been diagnosed or treated for any other type of cancer? Yes No If yes; provide details

- 11) Do you exercise three or more times per week on a regular basis? Yes No If yes; provide details

- 12) Have you made any lifestyle changes to improve your overall health? Yes No If yes; provide details

- 13) Are you being treated for any other medical conditions? If yes; provide details

- 14) Please list all current medications, dosages and what condition the medication is treating

- 15) Is there family history of heart disease or cancer? Yes No If yes provide; details including relationship to yourself, age of onset, type and current age or date of death

Please use additional pages if needed

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