



# Prostate Cancer Questionnaire

Name

DOB

Gender

Desired face amount and type of coverage:	
Height and Weight:	
Date of or Age at Diagnosis:	
What was the stage of the cancer?	
What was the Gleason score?	
How was the cancer treated? (TURP, Radical Prostatectomy, Radiation therapy, hormone therapy, etc.)	
Provide at least the last 2 PSA values and the dates they were done:	
What was the client's PSA reading prior to treatment?	
Medication currently being taken:	
Does the client currently smoke or ever smoked? If yes, provide date of last tobacco use:	
Has the client ever had any other major medical conditions? Provide diagnosis date, treatment, results, etc.	
Other information:	

**Please return the completed form to your financial professional.**

All quotes are tentative, and are NOT BINDING, and are SUBJECT TO full underwriting which may include exams, labs, doctor records, and/or any other information obtained during the underwriting process itself.