



# MEDICAL HISTORY QUESTIONNAIRE: PROSTATE CANCER

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender:  Male  Female Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Tobacco Usage:  Never  Former  Current  
 Date Stopped: \_\_\_\_\_ Type: \_\_\_\_\_

Coverage Information: Type:  Term  UL  IUL  
 WL  VUL  Survivorship  
 Face Amount: \_\_\_\_\_  
 Premium Tolerance: \_\_\_\_\_

Proposed Insured's Existing Insurance			
Insurance Company	Face Amount	Year Issued	Replacement (Yes/No)

1. Date of Diagnosis \_\_\_\_\_

2. What stage was the cancer?  
 0  I  II  III  IV

3. What was the Gleason score? \_\_\_\_\_

4. What was the pretreatment PSA? \_\_\_\_\_

5. What is the date and result of the most current PSA test? \_\_\_\_\_

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

Observation Only  TURP  Radical prostatectomy  
 Radiation Therapy

7. Date treatment was completed: \_\_\_\_\_

8. Has there been any evidence of recurrence?  No  Yes

If yes, please provide details: \_\_\_\_\_

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

If yes, please provide details: \_\_\_\_\_

10. Please list current medications

Name of Medication	Dosage	Reason

11. Are there any other health issues? (Additional Questionnaires may be required)  No  Yes

If yes, please provide details: \_\_\_\_\_