



Prostate Cancer Questionnaire

Submit This Form with your application for better informed underwriting

Client Information

Client Name:				
DOB:	Gender	Height	Weight	Marital Status
Occupation & Length of Employment:				
Tobacco Use	Never Used	Totally Stopped		Current User
		Date Stopped		Type Used
Type of Coverage	Term	UL	Survivor	Amount \$

Essential Information

1	Date of Diagnosis	Date last treatment was completed		
2	What was the Pretreatment PSA?	What was the Gleason Score?		
		What Stage was the Cancer?		
3	How was the cancer treated?	Observation Only		Radiation Therapy (seed implant or external beam radiation)
		TURP (transurethral prostatectomy)		
		Radical Prostatectomy		Proton Therapy
4	List current medications (provide accurate name, dosage and reason)			
5.	Is there a family history of cancer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide details	
6.	Date and results of most current PSA test	Date:	Results:	
7	Are there any other health problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide details	
8	If you have pathology reports available, submit them with this questionnaire			

Confidential

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