

Prostate Cancer

Questionnaire



Knowledge. Experience. Results.

Please answer all questions applicable to the client's medical history.

Producer Name _____ Phone _____ Date _____

Client Name _____ Date of Birth _____ Male Female

Face Amount _____ Max Premium \$ _____ /yr. Term Permanent

Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)? Yes No

Frequency _____ Date of last use _____ Type _____

Date of diagnosis _____ Date of last treatment _____

What stage was the cancer diagnosed (information should be contained in the pathology report)

- T1a T2a T3a T4
 T1b T2b T3b
 T1c T2c

Any lymph nodes positive for cancer Yes No If yes, how many _____

Any metastasis (spread of cancer) to other areas of the body Yes No

Gleason Score _____

Date/results of last PSA test prior to treatment Date _____ Result _____

Date/results of most recent PSA test Date _____ Result _____

How has the cancer been treated

- Observation only Radical prostatectomy Transurethral prostatectomy (TURP)
 Radiation therapy (seeds) Hormone therapy Biological therapy

Any evidence of recurrence Yes No If yes, provide details below

Name of Medication (prescription or otherwise)	Dates Used	Quantity Taken	Frequency Taken

List any other major health problems the client has:

**Questions? Call Jim or Teresa at 877.564.1707.
Please email the completed form to jrmosel@moseleymcgill.com.**

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