



## Prostate Cancer

*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: