Armstrong
── Financial Services ──

PROSTATE QUESTIONNAIRE

CLIENT NAME: _____ **Date:** _____

☐ Male ☐ Female Date of birth: _____ Height: _____' _____" Weight: _____

Tobacco Use: ☐ Never used ☐ Totally stopped Date stopped: _____ ☐ Use now Type of nicotine product: _____

Type of Coverage: ☐ Term ☐ UL ☐ Survivor   **Type of Coverage:** ☐ Term ☐ UL ☐ Survivor UL

Coverage Amount: _____   **Anticipated Premium:** _____

FAMILY HISTORY
Has proposed insured had a parent, brother or sister who had cancer, diabetes, stroke, heart or kidney disease or who committed suicide?
If yes, use separate sheet to provide this information, including age of onset and date of death

PROPOSED INSURED'S EXISTING INSURANCE			
Full Name of Company	Face Amount	Year Issued	Is Policy to be Replaced?

1. Date of diagnoses: _____

2. What was the pretreatment PSA? _____

3. How was the cancer treated? (check all that apply)
☐ Observation only   ☐ TURP (transurethral prostatectomy)   ☐ Radical prostatectomy
☐ Radiation therapy (seed implant or external beam radiation

4. What is date and result of the most current PSA test? _____

_____

5. What was the Gleason score? _____

6. What stage was the cancer?
☐ Stage 0 (in-situ)   ☐ Stage I   ☐ Stage II   ☐ Stage III   ☐ Stage IV

7. Is there a family history of cancer? ☐ No ☐ Yes

8. What medications is client taking? (accurate name, dosage, and reason)

(Accurate) Name of Medication	Dosage	Reason

9. Are there any other health problems? (additional questionnaires may be required) ☐ No   ☐ Yes; please give details

_____

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