## Underwriting Questionnaire Prostate Cancer

Producer Name	Phone	Date			
Client Name	Date of Birth				
□ Male □ Female Face Amount		Max Premium \$	/yr.		
□ Term □ Permanent Has the client ever u	used any form of tob	bacco (cigarettes, cigars, pipe, snuf	f, etc.)? □Yes □No		
Frequency [	Date of last use				
Date of diagnosis Date	of last treatment				
What stage was the cancer diagnosed (information s T1a T2a T3a T1b T2b T3b T1c T2c	should be contained T4	in the pathology report)			
Any lymph nodes positive for cancer Yes N	No If yes,	how many			
Any metastasis (spread of cancer) to other areas of t	he 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 Radiation therapy (seeds) Hormone thera		□Transurethral prostatectomy (TL □Biological therapy	JRP)		
Any evidence of recurrence Yes No If yes	, provide details belo	0W			

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

List any other major health problems the client has:

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