



# Pituitary Adenoma Questionnaire

Agent Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Agent E-mail: \_\_\_\_\_

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex: Male / Female Height: \_\_\_\_\_ Weight: \_\_\_\_\_ State: \_\_\_\_\_ Smoker: Yes / No

Face Amount: \$ \_\_\_\_\_ Type of Insurance: UL WL SUL Term (# of years \_\_\_\_\_)

1. When was the proposed insured first diagnosed with pituitary adenoma? \_\_\_\_\_

2. What type of pituitary adenoma was diagnosed?

Corticotrophic Adenoma

Somatotrophic Adenoma

Thyrotrophic Adenoma

Gonadotrophic Adenoma

Lactrotrophic Adenoma

3. What is the size of the pituitary adenoma? \_\_\_\_\_

4. How was the pituitary adenoma discovered? \_\_\_\_\_  
\_\_\_\_\_

5. What treatments has the proposed insured received?

Surgery

Details & Date: \_\_\_\_\_

Radiation

Details & Date: \_\_\_\_\_

Medication

Details & Date: \_\_\_\_\_

Other: \_\_\_\_\_

6. Is the proposed insured currently taking any medication(s)?  Yes  No

If yes, provide name, dosage and frequency of medication(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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