



Prostate Cancer 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 prostate cancer? _____

2. What was the proposed insured's PSA at the time of diagnosis? _____

3. What was the proposed insured's Gleason Score at the time of diagnosis? _____

4. What was the grade, stage and size of the cancer? _____

5. Did the cancer spread to lymph nodes or other organs? Yes No

If yes, provide details and location(s): _____

6. What treatments did the proposed insured receive?

Surgery Date and details: _____

Chemotherapy How long did it last: _____

Radiation How long did it last: _____

7. What is the proposed insured's PSA now? _____

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

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

FAX or E-MAIL to Donna Winterstine at 301-355-0429 / dwinterstine@bsibroker.com