



## 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:

### Questions?

Please call your McGill Brokerage Marketing Team at 800-279-0751.