



PROSTATE CANCER  
PRELIMINARY UNDERWRITING QUESTIONNAIRE

Client:

Gender: M F DOB:

Height:

Weight:

Coverage Desired?

Amount?

Plan Desired?

If your client has prostate cancer, please answer the following:

PROSTATE HISTORY

1. Please list date of first diagnosis:

2. How was the cancer treated?

Observation only

TURP (transurethral prostatectomy)

Radical prostatectomy

Radiation therapy (seed implant or external beam radiation)

Hormone therapy

Other, please specify:

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

4. What was the Gleason score?

CURRENT STATE

5. Please list current medications and give details:

6. Please give date and result of the most recent PSA test:

7. Does your client have any other major health problems (ex: heart disease, etc.)? Yes No

If yes, please give details:

Please provide all pathology reports, if available.

ADDITIONAL COMMENTS

Do you have any additional comments?

Advisor:

Date:

For more information, contact:  
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