

MEDICAL HISTORY QUESTIONNAIRE: PROSTATE CANCER

Client Name: _____ Date of Birth: _____

Gender: Male Female Height: _____ Weight: _____

Tobacco Usage:

Never

Former Date Stopped: _____

Current Type: _____

Coverage Information:

Type: Term UL IUL

WL VUL Survivorship

Face Amount: _____

Premium Tolerance: _____

PROPOSED INSURED'S EXISTING INSURANCE

INSURANCE COMPANY	FACE AMOUNT	YEAR ISSUED	REPLACEMENT (YES/NO)

1. Date of diagnosis: _____

2. What stage was the cancer?

0 I II III IV

3. What was the Gleason score? _____

4. What was the pretreatment PSA? _____

5. What is the date and result of the most current PSA test? _____

6. How was the cancer treated? (check all that apply)

Observation Only TURP Radical prostatectomy Radiation Therapy

7. Date treatment was completed? _____



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8. Has there been any evidence of recurrence? No Yes

If yes, please provide details: _____

9. Is there a family history of cancer? No Yes

If yes, please provide details: _____

10. Please list current medications:

NAME OF MEDICATION	DOSAGE	REASON

11. Are there any other health issues? (Additional Questionnaires may be required) No Yes

If yes, please provide details: _____



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