

PROSTATE CANCER QUESTIONNAIRE**Rohrer & Associates**

Insured's Name: _____ DOB: _____ State: _____ Sex: M / F

Height: _____ Ft. _____ In. _____ Weight: _____ Face Amount: _____

Tobacco use in the past 5 years: No Yes Details: _____

Producer: _____ State: _____ Phone: _____ E-mail: _____

Proposed Insured please answer the following:

1. Date of your diagnosis: _____
2. Please give the name of the cancer and the location: _____
3. Please give Stage and Gleason Grade of tumor: _____
4. What symptoms did you have prior to your diagnosis: _____
5. Number of Lymph nodes involved: _____
6. How was/is the cancer treated (please circle all that apply)?

Radiation Therapy	Hormonal	Immunotherapy
Medication:	Surgery	Chemotherapy
7. Duration of treatment: _____
8. Date of your last treatment: _____
9. Date and result of your most recent PSA test: _____
10. PSA prior to treatment? _____
11. Was there any indication of the cancer spreading? Yes No
 Details: _____
12. Has there been any evidence of reoccurrence? Yes No
 Details: _____
13. Is there any family history of cancer? Yes No
 Details: _____
14. Are you on any medication(s)? Yes No
 Name(s) and dosage(s): _____
15. Name, address & phone number of your physician(s) and Oncologist and the date last consulted: _____
16. List any other major health problems (i.e. heart disease, etc.): _____

Additional Information (please use reverse side for additional space): _____

Date: _____ Insured's Signature: _____