



Prostate Cancer Questionnaire

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Today's Date:

Agent:

Full Name:

Male or Female?

Height and weight:

Date of Birth:

Note: We encourage you to please fax us a copy of your pathology report, as it will contain the answers to questions 4 and 5 which need to be answered accurately in order to obtain the most accurate quote.

1. When were you diagnosed with prostate cancer (month, year and age)?
2. What was the pre-treatment PSA?
3. How were you treated and when (month and year: _____)?
 - ___ observation only
 - ___ TURP (transurethral prostatectomy)
 - ___ radical prostatectomy
 - ___ radiation therapy (seed implant or external beam radiation)
 - ___ other _____
4. What was the Gleason score and pattern (i.e. 3+4 or 4+3)?
5. What was the stage of the cancer?
___ stage 1 ___ stage 2 ___ stage 3 ___ stage 4
6. What is the date and result of most recent PSA test?
7. How often does your doctor check your PSA?
8. What medications do you take, reason, dosage and how often?
9. Has your weight remained stable or have you lost or gained weight in the past year? If so, how much?
10. Do you have any family history of cancer? If so, list member(s) and current age.