

Nashville Brokerage

"Saving You Time, Making You Money"

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QUICK QUOTE

Prostate Cancer

JIM BECK

www.nashvillebrokerage.com

Client Name _____ Sex _____ DOB _____ AGE _____ HT _____ WT _____ State _____

Amt. requested \$ _____ Annual Premium \$ _____ Type of Insurance UL _____ Term _____

Tobacco use No _____ Yes _____ Type _____ Amt of Insurance in force _____ Replacement _____

Occupation _____ Marital Status Single Married Divorced Widowed

Family History- Age if still living: Father _____ Mother _____ Brothers _____ Sisters _____

Any deceased? If so give relation, age and cause of death of each _____

Do you exercise regularly? Yes _____ No _____ Details _____

Date of last medical checkup _____ Date of last EKG _____ Results of EKGs _____

Are you treated for Hypertension? Yes _____ No _____ Last Blood Pressure Reading _____/_____

Are you treated for Cholesterol? Yes _____ No _____ Last Cholesterol HDL Readings _____/_____

Agent: Name _____ Phone _____ Fax _____ Email _____

Address _____ City _____ State _____ Zip _____

1 Date Prostate Cancer was diagnosed?

Month _____ Year _____

2 Type of Treatment Used?(Circle all that apply)

Surgical Removal (give details) _____

Chemotherapy

Radiation Treatment

Hormonal (DES Lupron)

Other _____

3 Prostate Cancer Pathology Report

Stage T _____ N _____ M _____ or

A1 _____ A2 _____ B1 _____ B2 _____ C1 _____ C2 _____ D _____

Gleason's Grade _____ (value between 2-10)

Results of the most recent PSA Test _____

PSA Results prior to treatment _____

4 Has there been any medical evidence of recurrence?

5 List any other illnesses or impairments. List all meds taken along with dosage and frequency. Please complete any other Quick Quote forms that may apply.
