

Pituitary Adenoma Questionnaire

Agent Name: _____ Phone #: _____ E-mail: _____
Client Name: _____ Date of Birth: _____ Sex: Male / Female
Height: _____ Weight: _____ State: _____ Smoker: Y / N Face Amount: _____
Type of Insurance: Universal Life Whole Life Survivorship Term (# of years _____)

1. When was the proposed insured first diagnosed with pituitary adenoma? _____

2. What type of pituitary adenoma was diagnosed?

Corticotrophic Adenoma Somatotrophic Adenoma
 Thyrotrophic Adenoma Gonadotrophic Adenoma
 Lactrotrophic Adenoma

3. What is the size of the pituitary adenoma? _____

4. How was the pituitary adenoma discovered? _____

5. What treatments has the proposed insured received?

Surgery Details & Date: _____
 Radiation Details & Date: _____
 Medication Details & Date: _____
 Other: _____

6. Is the proposed insured current taking any medication(s)? Yes No
If yes, provide name, dosage and frequency of medication(s) _____

FAX TO 603-778-7918 or E-MAIL TO sdonovan@uuinc.com.