Underwriting Questionnaire

Benign Prostatic Hypertrophy and Prostatitis



Producer Name		hone		Date	_ \	
		ate of Birth				
☐ Male ☐ Female	Face Amount		Max Premium \$	/yr		
☐ Term ☐ Permanent	Has the client ever used a	any form of tob	acco (cigarettes, ci	gars, pipe, snuff, etc	:.)? □Yes □No	
Frequency	Date o	of last use		Туре		
Date of diganosis						
What condition has been di	agnosed?					
Result and date of most rec	ent PSA test		Date_			
Result and date of most rec	ent free PSA test		Date_			_
Highest level PSA ever recor	ded		Date			
Has there been any kind of	treatment Yes No If	f yes, provide da	ate and description			
						_
List any medications taken t	to treat the condition - list bot	h current and p	ast medications			
Name of Medication ((prescription or otherwise)	Dates Used		Quantity Taken	Frequency Taken	
						\dashv
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——————————————————————————————————————	t recent digital rectal exam of					
	t recent ultrasound of the pro					
	t recent prostate biopsy					
	☐Yes ☐ No If yes, prov					
		data dira ty	I			
List any other major health	problems the client has:					



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