

Underwriting Questionnaire

Benign Prostatic Hypertrophy and Prostatitis



Producer Name _____ Phone _____ Date _____

Client Name _____ Date of Birth _____

Male Female Face Amount _____ Max Premium \$ _____ /yr.

Term Permanent Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)? Yes No

Frequency _____ Date of last use _____ Type _____

Date of diagnosis _____

What condition has been diagnosed? _____

Result and date of most recent PSA test _____ Date _____

Result and date of most recent free PSA test _____ Date _____

Highest level PSA ever recorded _____ Date _____

Has there been any kind of treatment Yes No If yes, provide date and description _____

List any medications taken to treat the condition - list both current and past medications

Name of Medication (prescription or otherwise)	Dates Used	Quantity Taken	Frequency Taken

Date and results of the most recent digital rectal exam of the prostate _____

Date and results of the most recent ultrasound of the prostate _____

Date and results of the most recent prostate biopsy _____

Has the client had surgery? Yes No If yes, provide date and type _____

List any other major health problems the client has: