

Underwriting Questionnaire

Prostate Specific Antigen (PSA) Elevation



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 _____

What condition has been diagnosed? _____

Date of diagnosis _____

Most recent PSA test Date _____ Result _____

Highest PSA level ever recorded Date _____ Result _____

Was a free PSA test completed Yes No Date _____ Result _____

Has there been any treatment Yes No Date _____ Provide treatment description below

Most recent digital rectal exam of the prostate Date _____ Result _____

Most recent ultrasound of the prostate Date _____ Result _____

Most recent prostate biopsy Date _____ BPH High grade PIN Low grade PIN

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

List any other major health problems the client has: