Underwriting Questionnaire

Prostate Specific Antigen (PSA) Elevation



Producer Name Client Name Male Female Face Amount		Date of Birth		Date		
				emium \$	/yr.	
☐ Term ☐ Permanent	Has the client ever u	sed any fo	orm of tobacco (ciga	arettes, cigars, pipe, s	nuff, etc.)?	Yes \(\subseteq No
equency Date of		ate of last	of last use		Type	
What condition has been diagno	osed?					
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			Provide treatment description below			
Most recent digital rectal exam of the prostate Date_			Result			
Most recent ultrasound of the prostate Date		Date_	Result			
Most recent prostate biopsy	Date		□ВРН	□High grad	de PIN	☐Low grade PIN
Name of Medication (prescription or otherwise)			Dates Used	Quantity Ta	aken	Frequency Taken

List any other major health problems the client has:



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