Underwriting Questionnaire Prostate Specific Antigen (PSA) Elevation



Producer Name		P	Phone		Date		
Client Name			Date of Birth				
☐ Male ☐ Female Face Amount			Max Premi		um \$	/yr.	
☐ Term ☐ Permanent	Has the clien	it ever used a	ny form of to	bacco (cigarett	es, cigars, pipe,	snuff, etc.)? [□Yes □No
Frequency	Dat				Type		
What condition has been diagno	sed?						
Date of diagnosis							
Most recent PSA test	Date		Resul	t			
Highest PSA level ever recorded	Date		Resul	i			
Was a free PSA test completed	□Yes [□No D	ate	Re	esult		
Has there been any treatment ☐Yes ☐No			ate	Provide treatment description below			elow
Most recent digital rectal exam of the prostate			Date Result				
Most recent ultrasound of the prostate			ate	Result			
Most recent prostate biopsy	Date			□ВРН	□High gra	ade PIN	☐Low grade PIN
Name of Medication (prescription or otherwise)			Date	es Used	Quantity	Taken	Frequency Taken

List any other major health problems the client has:

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