

PROSTATE BENIGN

(BENIGN PROSTATIC HYPERTROPHY AND PROSTATITIS)

CLIENT NAME:			Date:	
CLIENT NAME: ☐ Male ☐ Female Date of birth: _	Height:' _	Weight:		
Tobacco Use: 🗆 Never used 🗀 Totally stopped Date stopped: 🗀 Use now Type of nicotine product:				
Type of Coverage: □ Term □ UL □ Survivor Type of Coverage: □ Term □ UL □ Survivor UL				
Coverage Amount: Anticipated Premium:				
FAMILY HISTORY Has proposed insured had a parent, brother or sister who had cancer, diabetes, stroke, heart or kidney disease or who committed suicide? If yes, use separate sheet to provide this information, including age of onset and date of death				
PROPOSED INSURED'S EXISTING INSURANCE				
Full Name of Company	Face Amount	Year Issued	Is Policy to be Replaced?	
2. If any of the following have been done, please give details and result(s): Bladder catheterization Prostate biopsy Prostate ultrasound TURP (transurethral prostatectomy) 3. Please give result and date of most recent PSA test: Date: 4. Is client taking any medication? (accurate name, dosage, and reason)				
(Accurate) Name of Medication	Dosage	Reason	Reason	
5. Are there any other health problems? (additional questionnaires may be required) \square No \square Yes; please give details				