

PSA—**ELEVATED**

CLIENT NAME: Male Female Date of birth: Tobacco Use: Never used Type of Coverage: Term U Coverage Amount:	Heigh otally stopped Date st IL	nt:" topped:" Type of Coverage: Anticipated Prem	Weight: □ Use now □ Term □ UL ium:	Type of nicotine product:
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 Amou	ınt	Year Issued	Is Policy to be Replaced?
1. How long has the PSA been elevated?				
2. What is the diagnosis?				
3. Please give the date and result(s) of all recorded PSA value(s):				
4. Have these results been ☐ Increasing ☐ Decreasing ☐ Stable ☐ Fluctuating up and down ☐ Unknown				
5. If any of the following have been done, please give the details and result(s):				
□ TRUS				
□ PSAD				
□ Free PSA				
□ Prostate biopsy				
6. Is client taking any medication? (accurate name, dosage, and reason)				
(Accurate) Name of Medication		Dosage	Reason	
7. Are there any other health problems? (additional questionnaires may be required) \square No \square Yes; please give details				