

**PROSTATE SPECIFIC ANTIGEN (PSA) ELEVATION**

Agent: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Proposed Insured Name: \_\_\_\_\_  M  F Date of Birth: \_\_\_\_\_  
 Face Amount: \_\_\_\_\_ Max. Premium: \$\_\_\_\_\_/year  UL  WL  Term  Survivorship  
 Do you currently smoke cigarettes?  Y  N If no, did you ever smoke:  Never  Quit (Date): \_\_\_\_\_  
 Do you currently use any other tobacco products (e.g. cigars, pipe, snuff, nicotine patch, Nicorette gum...):  Y  N  
 If Yes, please provide details: \_\_\_\_\_  
 When did you last use any form of tobacco: \_\_\_\_\_ (Month) \_\_\_\_\_ (Year) Type used last: \_\_\_\_\_  
 Height: \_\_\_\_ft. \_\_\_\_in. Weight: \_\_\_\_lbs.

(1) a) Please provide date of diagnosis: \_\_\_\_\_

(2) What condition that leads to elevated PSAs has been diagnosed? \_\_\_\_\_

(3) a) Please give the result and date of the most recent PSA test: \_\_\_\_\_ (result) \_\_\_\_\_ (date)

b) Please give the result and date of the most recent PSA test: \_\_\_\_\_ (result) \_\_\_\_\_ (date)

c) What was the highest level PSA ever recorded and when? \_\_\_\_\_ (result) \_\_\_\_\_ (date)

(4) Has there been any kind of treatment? If yes, please describe: \_\_\_\_\_

\_\_\_\_\_ When was this done? \_\_\_\_\_

(5) Has the proposed insured taken any medications to treat the condition in the past or currently?

Name of Medication (Prescription or Otherwise)	Dates used	Quantity Taken	Frequency Taken

(6) When was the most recent digital rectal exam of the prostate and what were the results?  
 \_\_\_\_\_

(7) When was the most recent ultrasound of the prostate and what were the results?  
 \_\_\_\_\_

(8) When was the most recent prostate biopsy and what did it show?  
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