

PSA Elevated Questionnaire



Submit This Form with your application for better informed underwriting

Client Information

Client Name:					
DOB:	Gender	Height	Weight	Marital Status	
Occupation & Length of Employment:					
Tobacco Use	Never Used	Totally Stopped		Current User	
		Date Stopped		Type Used	
Type of Coverage	Term	UL	Survivor	Amount \$	

Essential Information

1	How long has the PSA been elevated		What is the diagnosis	
2	Please give the date and results of all recorded PSA values			
3	Have these results been	<input type="checkbox"/> increasing	<input type="checkbox"/> decreasing	<input type="checkbox"/> stable
		<input type="checkbox"/> fluctuating up and down		<input type="checkbox"/> unknown
4	If any of the following have been done, please give details and results	TRUS		
		PSAD		
		Free PSA		
		Prostate Biopsy		
5	List current medications (accurate name, dosage and reason)			
6	Does the client have any other health issues	<input type="checkbox"/> Yes	<i>If yes provide details:</i>	
		<input type="checkbox"/> No		

Confidential

PSA Elevated Questionnaire
Date Published: 9/17/2014

Don Booser & Associates

P: 1-800-543-0886
F: 1-888-543-0886