

# Prostate Benign Questionnaire

(benign prostatic hypertrophy and prostatitis)



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	Date of first Diagnosis				
2	If any of the following have been done please give details and result(S)	<input type="checkbox"/> Bladder Catheterization			
		<input type="checkbox"/> Prostate Biopsy			
		<input type="checkbox"/> Prostate Ultrasound			
		<input type="checkbox"/> TURP transurethral prostatectomy			
3	Please give result and date of most recent PSA Test				
4	List current medications (accurate name, dosage and reason)				
5	Does the client have any other health issues	<input type="checkbox"/> Yes	If yes provide details:		
		<input type="checkbox"/> No			