



PROSTATE SPECIFIC ANTIGEN (PSA)
PRELIMINARY UNDERWRITING QUESTIONNAIRE

Client:

Gender: M F DOB:

Height: Weight:

Coverage Desired?

Amount?

Plan Desired?

If your client has elevated PSA's, please answer the following:

PROSTATE HISTORY

- How long has the PSA been elevated?
- What was the diagnosis?
- Please give the date and result(s) of all recorded PSA value(s):
- Have these results been:
 - Increasing
 - Fluctuating up and down
 - Decreasing
 - Unknown
 - Stable
- If any of the following have been done, please give the details and result(s).
 - TRUS
 - PSAD
 - Free PSA
 - Prostate biopsy

CURRENT STATE

- Please list current medications:
- Has your client smoked cigarettes in the last 12 months? Yes No
- Does your client have any other major health problems (ex: heart disease, etc.)? Yes No
If yes, please give details:

ADDITIONAL COMMENTS

Do you have any additional comments?

Advisor:

Date:

For more information, contact:
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