



# PROSTATE BENIGN

## (BENIGN PROSTATIC HYPERTROPHY AND PROSTATITIS)

**CLIENT NAME:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Male  Female Date of birth: \_\_\_\_\_ Height: \_\_\_\_' \_\_\_\_" Weight: \_\_\_\_\_

**Tobacco Use:**  Never used  Totally stopped Date stopped: \_\_\_\_\_  Use now Type of nicotine product: \_\_\_\_\_

**Type of Coverage:**  Term  UL  Survivor **Type of Coverage:**  Term  UL  Survivor UL

**Coverage Amount:** \_\_\_\_\_ **Anticipated Premium:** \_\_\_\_\_

### 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 Amount	Year Issued	Is Policy to be Replaced?

1. Date when first diagnosed: \_\_\_\_\_

2. If any of the following have been done, please give details and result(s):

Bladder catheterization \_\_\_\_\_

Prostate biopsy \_\_\_\_\_

Prostate ultrasound \_\_\_\_\_

TURP (transurethral prostatectomy) \_\_\_\_\_

3. Please give result and date of most recent PSA test:

Date: \_\_\_\_\_

4. Is client taking any medication? (accurate name, dosage, and reason)

(Accurate) Name of Medication	Dosage	Reason

5. Are there any other health problems? (additional questionnaires may be required)  No  Yes; please give details

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