



PSA and Prostate Disorders* Questionnaire

*For Prostate Cancer, see FPG's Prostate Cancer Questionnaire

Name

DOB

Gender

Desired face amount and type of coverage:	
Height and Weight:	
Date of or Age at Diagnosis:	
List specific prostate condition(s):	
Provide at least the last 2 PSA values and the dates they were done:	
Has the client ever had a prostate biopsy? If yes, provide the date and results:	
Has the client ever had a TURP (transurethral prostatectomy)? If yes, provide date and results:	
List any medications used to specifically treat the prostate condition(s):	
Does the client currently smoke or ever smoked? If yes, provide date of last tobacco use:	
Other medications being taken (provide dosage and frequency):	
Has the client ever had any other major medical conditions? Provide diagnosis date, treatment, results, etc.	
Other information:	

Please return the completed form to your financial professional.

All quotes are tentative and are NOT BINDING and SUBJECT TO full underwriting which may include exams, labs, doctor records, and/or any other information obtained during the underwriting process.