

ELEVATED PROSTATE SPECIFIC ANTIGEN (PSA) QUESTIONNAIRE**Rohrer & Associates**

Insured's Name: _____ DOB: _____ State: _____ Sex: M / F
 Height: _____ Ft. _____ In. _____ Weight: _____ Face Amount: _____
 Tobacco use in the past 5 years: No Yes Details: _____
 Producer: _____ State: _____ Phone: _____ E-mail: _____

Proposed Insured please answer the following:

1. How long has the PSA been elevated?
2. What is the diagnosis?
3. Please give date and result(s) of most recent test(s):
4. Have these results been (please circle):
 Increasing Fluctuating Unknown
 Decreasing Stable
5. If any of the following have been done, please give the details and results:
 TRUS:
 PSAD:
 Free PSA:
 Prostate Biopsy:
6. Are you on any medications(s)? Yes No
 Name(s) and dosage(s):
7. List any other major health problems (i.e. heart disease, etc.):
8. Name, address & phone number of your physician(s) and date last consulted:

Additional Information (please use reverse side for additional space):

Date: _____ Insured's Signature: _____