



Prostate Specific Antigen (PSA) Elevation

Name: _____

Date of Birth: _____

Height: _____ Weight: _____

Sex: M/F

Tobacco Usage: _____

Face Amount: _____

___Term 10 15 20 30

___UL

1. Please provide date of diagnosis: _____

2. What condition that leads to elevated PSA has been diagnosed? _____

3. (a) Please give the result and date of the most recent PSA test:

_____ (result) _____ (date)

(b) What was the highest level PSA ever recorded and when?

_____ (result) _____ (date)

4. Has there been any kind of treatment? ___Yes ___No

(If yes, please provide treatment and dates):

5. Does the proposed insured take medications for this condition, or any other? ___Yes ___No

(If yes, please provide name, dosage, and frequency):

Name: _____ Dosage: _____ Frequency: _____

Name: _____ Dosage: _____ Frequency: _____

Name: _____ Dosage: _____ Frequency: _____

6. When was the most recent ultrasound of the prostate and what were the results?

7. When was the most recent prostate biopsy, and what did it show?
