



Prostatitis Questionnaire

Name: _____

Date of Birth: _____

Height: _____ Weight: _____

Sex: M/F

Tobacco Usage: _____

Face Amount: _____

___Term 10 15 20 30

___UL

1. When was Prostatitis first diagnosed? _____

2. What was the proposed insured's PSA at the time of diagnosis? _____

3. Does the proposed insured experience now or in the past any of the following symptoms:
(Check all that apply)

___Frequent urge to urinate

___Burning sensation when urinating

___Excessive urinating at night

___Pain

___Difficult starting urination

4. How is the proposed insured being treated? _____

5. What is the proposed insured's PSA now? _____

6. Is the proposed insured taking any medications? ___Yes ___No

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

