



## Prostate Specific Antigen (PSA) Elevation

*Please answer all questions applicable to the client's medical history.*

Producer Name \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Client Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  Male  Female

Face Amount \_\_\_\_\_ Max Premium \$ \_\_\_\_\_ /yr.  Term  Permanent

Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)?  Yes  No

Frequency \_\_\_\_\_ Date of last use \_\_\_\_\_ Type \_\_\_\_\_

What condition has been diagnosed? \_\_\_\_\_

Date of diagnosis \_\_\_\_\_

Most recent PSA test Date \_\_\_\_\_ Result \_\_\_\_\_

Highest PSA level ever recorded Date \_\_\_\_\_ Result \_\_\_\_\_

Was a free PSA test completed  Yes  No Date \_\_\_\_\_ Result \_\_\_\_\_

Has there been any treatment  Yes  No Date \_\_\_\_\_ Provide treatment description below

Most recent digital rectal exam of the prostate Date \_\_\_\_\_ Result \_\_\_\_\_

Most recent ultrasound of the prostate Date \_\_\_\_\_ Result \_\_\_\_\_

Most recent prostate biopsy Date \_\_\_\_\_  BPH  High grade PIN  Low grade PIN

Name of Medication (prescription or otherwise)	Dates Used	Quantity Taken	Frequency Taken

List any other major health problems the client has:

### Questions?

**Please call your McGill Brokerage Marketing Team at 800-279-0751.**