



# Benign Prostate Hypertrophy Questionnaire

Agent Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_

Agent E-mail: \_\_\_\_\_

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex:  Male /  Female Height: \_\_\_\_\_ Weight: \_\_\_\_\_ State: \_\_\_\_\_ Smoker:  Yes /  No

Face Amount: \$ \_\_\_\_\_ Type of Insurance:  UL  WL  SUL  Term (# of years \_\_\_\_\_)

1. When was the proposed insured first diagnosed? \_\_\_\_\_

2. If any of the following have been done, please provide details and results:

Bladder catheterization Details/Results: \_\_\_\_\_  
\_\_\_\_\_

Prostate biopsy Details/Results: \_\_\_\_\_  
\_\_\_\_\_

Prostate ultrasound Details/Results: \_\_\_\_\_  
\_\_\_\_\_

TURP (transurethral prostatectomy) Details/Results: \_\_\_\_\_  
\_\_\_\_\_

3. What was the date and results of the most recent PSA test? Date: \_\_\_\_\_  
Results: \_\_\_\_\_  
\_\_\_\_\_

4. Please list all medications the proposed insured is currently taking:

(Accurate) name of Medication	Dosage	Reason

5. Are there any other health problems? (additional questionnaires may be required)  Yes  No  
If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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