



Heart Disease-Abnormal EKG Questionnaire

Name: _____ Date of Birth: _____

Height: _____ Weight: _____ Sex: M/F

Tobacco Usage: _____ Face Amount: _____

___ Term 10 15 20 30 ___ UL

1. Which of the following tests have been done? (Please provide the date(s) for each):

___ Resting EKG Date(s): _____ Stress EKG Date(s): _____

___ Thallium Stress EKG Date(s): _____ Stress Echocardiogram Date(s): _____

___ Coronary Catheterization Date(s) _____ Coronary Angiography Date(s): _____

___ Other: _____

2. If a stress EKG was done, was it considered? (Check one)

___ Normal ___ Borderline ___ Mildly Abnormal ___ Moderately abnormal ___ Strongly abnormal

3. Has the proposed insured had any of the following?

___ Chest pain (angina) - include dates: _____

___ Heart attack - include date(s): _____

___ Angioplasties - include date(s) and number of vessels involved: _____

___ Bypass surgery date: _____ Vessel used for the graft: _____ No. of vessels involved: _____

4. Please advise if the proposed insured as been diagnosed with the following conditions:

___ Elevated Cholesterol (recent known level(s): Total: ___ LDL: ___ HDL: ___ Triglycerides: ___

___ Uncontrolled high blood pressure (most recent reading): _____

___ Overweight (current height and weight): _____

___ Diabetes -Age of onset: _____ Recent A1C test result: _____ (Please ask us for our Diabetes Questionnaire)

___ Family history of heart disease (Whom and at what age(s) diagnosed): _____

___ Other: _____

5. Is the proposed insured taking any medication for this condition or any other? ___ Yes ___ No

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

Name: _____ Dosage: _____ Frequency: _____

Name: _____ Dosage: _____ Frequency: _____

Name: _____ Dosage: _____ Frequency: _____

Name: _____ Dosage: _____ Frequency: _____

6. Are there any other conditions that may impact life underwriting? ___ Yes ___ No

(If yes, please describe): _____