



Heart Disease-Heart Attack Questionnaire

Name: _____ Date of Birth: _____

Height: _____ Weight: _____ Sex: M/F

Tobacco Usage: _____ Face Amount: _____

___Term 10 15 20 30 ___UL

1. Date(s) of heart attack(s): _____

2. Has the proposed insured ever had any of the following? (Check all that apply)

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

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

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

___ Heart Failure Date(s): _____ Arrhythmias Date(s): _____

___ Bypass Surgery Date(s): _____ Number of vessels involved: _____

3. Please check if the proposed insured as been diagnosed with the following conditions.

___ Elevated Cholesterol - most recent known level: _____

___ 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 (If yes, who and at what age(s) diagnosed) _____

___ Other _____

4. 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: _____

5. Does the proposed insured take any dietary supplements? ___Yes ___No

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

6. Does the proposed insured engage in any regular exercise? ___Yes ___No

(If yes, please describe): _____

7. Are there any other conditions that may impact life underwriting? ___Yes ___No

(If yes, please describe): _____