Elite Marketing Group
An Insurance Designers member since 1986

HEART DISEASE
ABNORMAL EKG QUESTIONNAIRE

Agent: _____ Phone: _____ Fax: _____

Proposed Insured Name: _____ ☐M ☐F Date of birth: _____

Face Amount: _____ Max. Premium: $ _____/ year ☐UL ☐WL ☐Term ☐Survivorship

Do you currently smoke cigarettes? ☐Y ☐N If no, did you ever smoke: ☐Never ☐Quit (Date): _____

Do you currently use any other tobacco products (e.g. nicotine patch, cigars, pipe, snuff, Nicorette gum...): ☐Y ☐N

If Yes, please provide details: _____

When did you last use any form of tobacco: ____ (Month) _____ (Year) Type used last: _____

Height: _____ ft. _____ in. Weight: _____ lbs.

(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:

☐ 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 - most 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: _____ (also, please ask us for our Diabetes Questionnaire)

☐ Family history of heart disease. If yes, who and at what age(s) diagnosed: _____

☐ Other: _____

(5) Does the proposed insured take any current medications, including preventative aspirin? ☐ No ☐ Yes Details:

Name of medication (prescription or otherwise)	Dates used	Quantity taken	Frequency taken

(6) Are there any other conditions that may impact life underwriting? If yes, please describe:

_____

_____