



An insurance Designers member since 1986

HEART DISEASE — AORTIC STENOSIS 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) **Date of diagnosis:** _____

(2) **Have you been diagnosed or have you experienced any of the following:**

- Light headedness Breathlessness Blackouts Aortic regurgitation Coughing blood
- Rheumatoid arthritis Syphilis Ankylosig spondylitis Marfan's syndrome Edema
- Elevated Cholesterol - most recent known levels: Date: _____ LDL _____ HDL _____ Triglycerides _____
- High blood pressure - most recent reading(s): _____
- 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: _____

(3) **Provide dates if any of the following tests or procedures (a) have been done or (b) have been recommended to be done?**

- Resting EKG: _____ Stress EKG: _____
- Thallium Stress EKG: _____ Echocardiogram: _____
- Coronary Catheterization: _____ Stress Echocardiogram: _____
- Valve replacement surgery - which valves? _____
- Angioplasty - what specific type? (e.g. balloon...) _____
- Bypass Surgery: _____ Number of vessels involved: _____
- Other: _____

(4) **Does the proposed insured take any current medications, including aspirin?** No Yes Details: _____

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

(5) **Does the proposed insured follow a specific diet (e.g. vegetarian) or take dietary supplements (vitamins, folic acid, etc.)?**

- No Yes Details: _____

(6) **Does the proposed insured engage in any regular exercise or sporting activity?**

- No Yes Details: _____

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