



**HEART DISEASE
HEART ATTACK 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(s) of heart attack(s): _____

(2) Has the proposed insured ever had any of the following?

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) 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

(5) Does the proposed insured take any dietary supplements (vitamins, minerals, folic acid, etc.)?

No Yes Details: _____

(6) Does the proposed insured engage in any regular exercise?

No Yes Details: _____

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

