



EMG Insurance Brokerage

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?*

- | | |
|--|--|
| <input type="checkbox"/> Resting EKG Date(s): _____ | <input type="checkbox"/> Stress EKG Date(s): _____ |
| <input type="checkbox"/> Thallium EKG Date(s): _____ | <input type="checkbox"/> Echocardiogram Date(s): _____ |
| <input type="checkbox"/> Coronary Catheterization Date(s): _____ | <input type="checkbox"/> Coronary Angioplasty Date(s): _____ |
| <input type="checkbox"/> Heart Failure Date(s): _____ | <input type="checkbox"/> Arrhythmias Date(s): _____ |
| <input type="checkbox"/> 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:*

