EMG
Insurance Brokerage

HEART DISEASE CARDIOMYOPATHY 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) The condition has been diagnosed as:

- ☐ Dilated cardiomyopathy
- ☐ Myocarditis
- ☐ Myocardial fibrosis
- ☐ Myocardial degeneration
- ☐ Congestive cardiomyopathy
- ☐ Hypertrophic cardiomyopathy
- ☐ Idiopathic hypertrophic subaortic stenosis
- ☐ Alcoholic cardiomyopathy
- ☐ Peripartum cardiomyopathy
- ☐ Restrictive cardiomyopathy
- ☐ Other: _____

(3) Provide dates if any of the following tests or procedures have been done to evaluate the condition?

- ☐ Resting EKG: _____
- ☐ Stress EKG: _____
- ☐ Thallium Stress EKG: _____
- ☐ Echocardiogram: _____
- ☐ Holter Monitor: _____
- ☐ Chest X-ray: _____
- ☐ Other: _____

(4) Is there any family history of heart disease or premature death due to heart disease?

	Age (if living)	History of heart disease?	Age at death:	Cause of death:
Mother		☐ Yes ☐ No		
Father		☐ Yes ☐ No		
Sister(s)		☐ Yes ☐ No		
Brother(s)		☐ Yes ☐ No		

(5) Does the proposed insured take any current medications? ☐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: _____

_____

_____

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