



**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 | Hypertrophic cardiomyopathy |
| Myocarditis | Idiopathic hypertrophic subaortic stenosis |
| Myocardial fibrosis | Alcoholic cardiomyopathy |
| Myocardial degeneration | Peripartum cardiomyopathy |
| Congestive 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: _____

