PINNEY
INSURANCE CENTER, INC.

A LifeMark Partner

Providing all the tools for your success

ABNORMAL EKG 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. cigars, pipe, snuff, nicotine patch, Nicorette gum...): ❒ Y ❒ N
If Yes, please provide details: _____
When did you last use any form of tobacco: _____ (Month) _____ (Year) Type used last: _____

(1) Which of the following tests have been done? Please provide the date(s) for each:

- ❒ Resting EKG Date(s): _____
- ❒ Thallium Stress EKG Date(s): _____
- ❒ Coronary Catheterization Date(s) _____
- ❒ Stress EKG Date(s): _____
- ❒ Echocardiogram Date(s): _____
- ❒ Coronary Angiography Date(s): _____
- ❒ Other: _____

(2) If a stress EKG was done, was it considered:

❒ Normal ❒ Borderline ❒ Mildly Abnormal ❒ Moderately abnormal ❒ Strongly abnormal

(3) Has the proposed insured had any of the following?

- ❒ Chest pain (angina) - include dates: _____
- ❒ Heart attack - include date(s): _____
- ❒ Angioplasties - include date(s) and number of vessels involved: _____
- ❒ Bypass surgery date: _____ Vessel used for the graft: _____No. of vessels involved: _____

(4) Please advise if the proposed insured as been diagnosed with the following conditions:

- ❒ Elevated Cholesterol - most recent known level(s): Total: _____ LDL: _____ HDL: _____ Triglycerides: ____
- ❒ Uncontrolled high blood pressure - most recent reading: _____
- ❒ Overweight - current height and weight: _____
- ❒ 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: _____

(5) 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

(6) Are there any other health conditions or lifestyle issues that may impact life underwriting? If yes, please describe:

_____

_____

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