

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. 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) *Date(s) of heart attack(s):* _____

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

- Resting EKG Date(s): _____
- Thallium EKG Date(s): _____
- Coronary Catheterization Date(s): _____
- Heart Failure Date(s): _____
- Bypass Surgery Date(s): _____
- Stress EKG Date(s): _____
- Echocardiogram Date(s): _____
- Coronary Angioplasty Date(s): _____
- Arrhythmias 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:*

