HEART DISEASE - PERICARDITIS 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? ☐ Yes ☐ No If no, did you ever smoke? ☐ Never ☐ Quit (Date): _____
Do you currentl use any other tobacco products (e.g. cigars, pipe, snuff, nicotine patch, Nicorette gum...)? ☐ Yes ☐ No
If yes, please provide details: _____
When did you last use any form of tobacco: _____ (Month) _____ (Year) Type used last: _____

1. Date of diagnosis: _____

2. Have you been diagnosed or have you experienced any of the following:

- ☐ Light headedness ☐ Breathlessness ☐ Blackouts
- ☐ Tumor - benign. If yes, type and date treated: _____
- ☐ Elevated Cholesterol - most recent known levels: Date: _____ LDL _____ HDL _____ Triglycerides _____
- ☐ High blood pressure - most recent reading(s): _____
- ☐ 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: _____
- ☐ Heart Attack. If yes, date: _____
- ☐ Cancer. If yes, date: _____
- ☐ Other: _____

3. Provide dates, if any, of the following tests or procedures (a) have been done or (b) have been recommended to be done?

- ☐ Resting EKG: _____ ☐ Stress EKG: _____
- ☐ Thallium Stress EKG: _____ ☐ Echodardiogram: _____
- ☐ Coronary Catheterization: _____ ☐ Stress Echocardiogram: _____
- ☐ Valve replacement surgery - which valves? _____
- ☐ Angioplasty - what specific type? (e.g. balloon...) _____
- ☐ Bypass surgery: _____ Number of vessels involved: _____
- ☐ Other: _____

4. Does the proposed insured take any current medications, including preventive aspirin? ☐ No ☐ Yes (Provide details below)

Name of medication (prescription or Otherwise)	Dates Used	Quantity Taken	Frequency

5. Does the proposed insured follow a specific diet (e.g. vegetarian) or take any dietary supplements (vitamins, folic acid, etc)?

☐ No ☐ Yes Details: _____

6. Does the proposed insured engage in any regular excercise or sporting activity?

☐ No ☐ Yes Details: _____

7. Are there any other conditions that may impact life underwritting? If yes, please describe: _____

_____