

Heart Attack / Myocardial Infarction Questionnaire



Submit This Form with your application for better informed underwriting

Client Information

Client Name:					
DOB:	Gender	Height	Weight	Marital Status	
Occupation & Length of Employment:					
Tobacco Use	Never Used	Totally Stopped		Current User	
		Date Stopped		Type Used	
Type of Coverage	Term	UL	Survivor	Amount \$	

Essential Information

1	List date(s) of the heart attack(s)				
2	Has the client had any of the following:	Echocardiogram	<i>date</i>	Bypass Surgery	<i>date</i>
		Coronary Catheterization	<i>date</i>	Heart Failure	<i>date</i>
		Coronary Angioplasty	<i>date</i>	Arrhythmias	<i>date</i>
3	List current medications (accurate name, dosage and reason)				
4.	Has a follow-up stress (exercise) ECG been completed since the heart attack?	<input type="checkbox"/> Yes	<i>If yes give details</i>		
		<input type="checkbox"/> No			
5	Please check if client has had any of the following:				
	Abnormal lipid levels		Diabetes, age of onset _____		
	Overweight		Elevated Homocysteine		
	High Blood Pressure		*Peripheral Vascular Disease*		
	*Irregular Heartbeats *		Cerebrovascular or Carotid Disease		
<ul style="list-style-type: none"> These conditions require an additional questionnaire to be completed, please request 					
6	Does the client have any other health issues	<input type="checkbox"/> Yes	<i>If yes provide details:</i>		
		<input type="checkbox"/> No			

Confidential

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