Enlarged Heart 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	Date of Diagnosis			
2	Have any of the following symptoms occurred (check all that apply)	Chest Discomfort	Shortness of Breath	
		Fainting Spells or Dizziness	Palpitations (irregular heart beat)	
3	List current medications (accurate name, dosage and reason)			
4	Check if client has had any of the following and provide results	Chest X-Ray	☐ Yes ☐ No	☐ Normal ☐ Abnormal
		Exercise Treadmill or Thallium	☐ Yes ☐ No	☐ Normal ☐ Abnormal
		Resting or Exercise Echocardiogram	☐ Yes ☐ No	☐ Normal ☐ Abnormal
		MUGA	☐ Yes ☐ No	☐ Normal ☐ Abnormal
		Cardiac Catheterization	☐ Yes ☐ No	☐ Normal ☐ Abnormal
5	Is there a history of any heart disease (problems with valves, coronary artery disease, cardiomyopathy, etc?)	☐ Yes ☐ No	*If yes provide details:*	
6	Does the client have any other health issues	☐ Yes ☐ No	*If yes provide details:*	