Heart Failure 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 first Diagnosis		What was the cause of heart failure?	
2	Has client had surgical heart repair?	☐ Yes ☐ No	*If yes, give details, type and date*	
3	Does client have a history of any of the following		Hypertension	Chronic Obstructive Pulmonary Disease
			Coronary Artery Disease	Pacemaker
	If yes to any of the above, provide details or complete the questionnaire for the condition:			
4	Has an angiogram, echocardiogram, stress test or heart scan been done?	☐ Yes ☐ No	*If yes, please provide details:*	
5	List current medications (accurate name, dosage and reason)			
6	Does the client have any other health issues	☐ Yes ☐ No	If yes provide details:	

Don Boozer & Associates
P: 1-800-543-0886
F: 1-888-543-0886