



INSURANCE MARKETING SERVICES

PRODUCTS SERVICE AND TECHNOLOGY

Coronary or Chest Pain Questionnaire

Information gathered will be used in the evaluation of the insurability of the applicant. Offers are tentative and are subject to verification of the submitted medical evidence and other criteria used in the underwriting of life insurance.

Agent's Name: _____ Phone #: _____

Proposed Insured: _____ Date of Birth: ___/___/___

Male () Female () Height _____ Weight _____ Smoker () Non Smoker ()

Amount of Coverage \$ _____ Product Type _____

1. Has the proposed insured used tobacco in any form in the last: () 12 () 24 () 36 () 48 () 60 months?
What Form: _____

2. In the past 12 months, have you lost or gained more than 10 lbs? _____

3. Date of first attack? _____ Date of last attack? _____ Frequency? _____

4. Diagnosis (infarction, occlusion, insufficiency, angina, etc.): _____

5. Hospitalized: _____ Where? _____

6. Provide details of treatment and/or medication (i.e. type, dosage, frequency): _____

7. Any surgery? If yes, date of surgery: _____ Reason for surgery: _____

Current medical status: _____

8. Ever been told you had or been diagnosed and/or treated for: diabetes, cancer, kidneys, lungs, alcoholism, drug abuse, high cholesterol, high blood pressure, AIDS or AIDS related complex (please explain):

