



# 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):

\_\_\_\_\_  
\_\_\_\_\_  
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