



INSURANCE MARKETING SERVICES

PRODUCTS SERVICE AND TECHNOLOGY

Heart Attack (Myocardial Infarction) 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. List dates of heart attacks and severity of each:

Date _____ [] Mild [] Moderate [] Severe

Time until return to normal activities? _____

Date _____ [] Mild [] Moderate [] Severe

Time until return to normal activities? _____

2. What condition(s) preceded the heart attack(s)?

[] Chest Pain [] Arrhythmia or irregular heart beats [] Irregular EKG

[] Irregular Stress EKG [] Other _____

3. Does client work full time? [] Yes [] NO

4. Activities **capable** of performing (check level of exercise that **best** applies):

[] Level one – Heavy labor, handball, cross country skiing, running 10 minute miles, bicycling at 12 MPH

[] Level two – Shoveling, wood cutting, canoeing, jogging 12 minute miles, swimming crawl stroke, rowing machine

[] Level three – Carpentry, lawn mowing, singles tennis, downhill skiing, swimming breast stroke

[] Level four – Sedentary life style (unable to do any of levels one through three)

5. Since the heart attack, has client experienced any of the following?

[] Chest pains or angina

[] Irregular EKG or stress EKG

[] Arrhythmia

[] Congestive heart failure

6. What treatment(s) have been prescribed?

Date last consulted physician _____ List all medications: _____

Angioplasty or Bypass, Details: _____

_____ Date _____

Number of arteries or grafts performed on: _____ Date _____

Other treatments _____

7. What tests have been performed? (Check all that apply):

Resting EKG / Date _____ Results _____

Exercise EKG / Date _____ Results _____

Thallium Test / Date _____ Results _____

Stress Echo / Date _____ Results _____

Coronary Catheterization / Date _____ Results _____

8. List any other illnesses or impairments, along with all meds and vitamins taken, include dosage and frequency: _____

