



# Heart Attack\* Questionnaire

\*Also known as Myocardial Infarction

Name

DOB

Gender

Desired face amount and type of coverage:	
Height and Weight:	
Date of or Age at Diagnosis:	
Date(s) of the heart attack(s):	
Has a follow-up stress (exercise) ECG been completed since the attack?	<input type="checkbox"/> Yes—normal (date): _____ <input type="checkbox"/> Yes—abnormal (date): _____ <input type="checkbox"/> No
Any chest discomfort or pain since the attack?	
Has the client been diagnosed with any of the following? Check all that apply:	<input type="checkbox"/> Echocardiogram (date): _____ <input type="checkbox"/> Coronary catheterization (date): _____ <input type="checkbox"/> Coronary angioplasty (date): _____ (# of vessels) _____ <input type="checkbox"/> Bypass surgery (date): _____ (# of vessels) _____ <input type="checkbox"/> Heart failure (date): _____ <input type="checkbox"/> Arrhythmias (date): _____
Has the client had any of the following? Check all that apply:	<input type="checkbox"/> Abnormal lipid levels <input type="checkbox"/> Diabetes <input type="checkbox"/> Overweight/Obesity <input type="checkbox"/> Elevated homocysteine <input type="checkbox"/> High blood pressure <input type="checkbox"/> Peripheral vascular disease <input type="checkbox"/> Irregular heart beat <input type="checkbox"/> Cerebrovascular or carotid disease
Medications currently being taken, including aspirin (provide dosage and frequency):	
Does the client currently smoke or ever smoked? If yes, provide date of last tobacco use:	
Has the client ever had any other major medical conditions? Provide diagnosis date, treatment, results, etc.	

Please return the completed form to your financial professional.

All quotes are tentative and are NOT BINDING and SUBJECT TO full underwriting which may include exams, labs, doctor records, and/or any other information obtained during the underwriting process.