FPG
FINANCIAL PROFESSIONALS GROUP

Heart Disease Questionnaire

Clear Form

Name DOB Gender Male

Desired face amount and type of coverage:	
Height and Weight:	
Date of or Age at Diagnosis:	
List any current symptoms (chest pain, shortness of breath, fatigue, etc.) and how often they occur:	
Has the client had any of the following? Check all that apply:	☐ Heart attack (date): _____ ☐ Heart failure (date): _____ ☐ Coronary angioplasty (date): _____(# of vessels)_____ ☐ Valve surgery (date): _____ ☐ Coronary artery bypass grafting/CABG (date): _____ ☐ Arrhythmias (date): _____
Has a recent stress (exercise) ECG been completed?	☐ Yes—normal (date): _____ ☐ Yes—abnormal (date): _____ ☐ No
Has the client had any of the following? Check all that apply:	☐ Abnormal lipid levels ☐ Diabetes ☐ Overweight/Obesity ☐ Elevated homocysteine ☐ High blood pressure ☐ Peripheral vascular disease ☐ Irregular heart beat ☐ 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.