Underwriting Questionnaire | Cardiac Disease

Underwriting

Financial Professional Information

Name:_____ Phone: _____ Date:_____

Client Information

Name:_____ Date of Birth: _____ State of Residence:_____

☐ Male ☐ Female Height:____ft.____in. Weight:____lbs.

Face Amount:_____ Max Premium $_____/yr.

Desired Life Insurance Type: ☐ Term ☐ Permanent

Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)? ☐ Yes ☐ No

Frequency:_____ Date of Last Use:_____ Type:_____

Has the client had a heart attack? ☐ Yes ☐ No
If yes, provide date_____

Provide dates if any of the following tests have been completed
- ☐ Resting EKG_____
- ☐ Stress test_____
- ☐ Stress thallium_____
- ☐ Echocardiogram_____
- ☐ Stress echo_____
- ☐ EBCT (CT of the heart)_____
- ☐ Other_____

Provide dates and results of any surgical procedures
- ☐ Bypass (CABG)_____
- ☐ Angioplasty (PTCA)_____
- ☐ Coronary artery stents_____

How many vessels are involved ☐ 1 ☐ 2 ☐ 3 or more Which vessels_____

What conditions has the client been diagnosed with
- ☐ Diabetes Age of onset_____ Recent A1c result _____
- ☐ High blood pressure Most recent reading_____
- ☐ Irregular heartbeat
- ☐ Other arterial disease ☐ Carotid ☐ Peripheral Vascular ☐ Cerebrovascular

Does the client take any current medications, including preventative aspirin ☐ Yes ☐ No

Name of Medication (prescription or otherwise)	Dates Used	Quantity Taken	Frequency Taken

Does the client engage in any regular exercise or sporting activity ☐ Yes ☐ No If yes, provide details

List any other major health problems the client has:

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