

HEART ATTACK—MYOCARDIAL INFARCTION

CLIENT NAME:			Date:	
GLIENT NAME: ☐ Male ☐ Female Date of birth: Heig				
		ed: Use now Type of nicotine product:		
Type of Coverage: □ Term □ UL □ Survivor Type of Coverage: □ Term □ UL □ Survivor UL				
Coverage Amount: Anticipated Premium:				
FAMILY HISTORY				
Has proposed insured had a parent, brother or sister who had cancer, diabetes, stroke, heart or kidney disease or who committed suicide? If yes, use separate sheet to provide this information, including age of onset and date of death				
PROPOSED INSURED'S EXISTING INSURANCE				
Full Name of Company Face Amo				
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1. List date(s) of the heart attack(s):				
2. Has the client had any of the following:				
☐ Echocardiogram Date:				
Coronary catheterization Date:				
Coronary angioplasty Date:				
□ Bypass surgery Date:				
Heart failure Date:				
☐ Arrhythmias Date: _				
3. Has a follow-up stress (exercise) ECG been completed since the heart attack? \square No \square Yes; please give details				
4. Please check if your client has had any of the following:				
□ Abnormal lipid levels □ Irregular heartbeats* □ Peripheral vascular disease*				
□ Overweight □ Diabetes; age of onset: □ □ Cerebrovascular or carotid disease				
☐ High blood pressure ☐ Elevated homocysteine				
*These conditions require an additional questionnaire to be completed, please request.				
5. Is client on any medications now? (accurate name, dosage, and reason)				
(Accurate) Name of Medication		Dosage	Reason	
6. Does client have any other major health issues? (additional questionnaires may be required) \square No \square Yes; please give details				