



# HEART ATTACK PRELIMINARY UNDERWRITING QUESTIONNAIRE

Client:

Gender: M F DOB:

Height: Weight:

Coverage Desired?

Amount?

Plan Desired?

If your client has had a Myocardial Infarction (heart attack), please answer the following:

## HEART HISTORY

1. What was the date(s) of the Heart Attack(s)?

2. Has your client had any of the following? Select all that apply and provide details.

- Echocardiogram (date)
- Coronary catheterization (date)
- Coronary angioplasty (date) (# of vessels)
- Bypass surgery (date) (# of vessels)
- Heart failure (date)
- Arrhythmias (date)

3. Has a follow-up stress (exercise) ECG been completed since the heart attack?

- Yes, normal (date)
- Yes, abnormal (date)
- No

4. Has your client had any chest discomfort since the heart attack? Yes No

If yes, please give details:

5. Has your client had any of the following? Select all that apply.

- Abnormal lipid levels
- Overweight
- High blood pressure
- Irregular heart beats
- Diabetes
- Elevated homocysteine
- Peripheral vascular disease
- Cerebrovascular or carotid disease

## CURRENT STATE

6. Please list current medications:

7. Has your client smoked cigarettes in the last 12 months? Yes No

8. Does your client have any other major health problems (ex: cancer, etc.)? Yes No

If yes, please give details:

Please submit the actual tracings and results of all stress electrocardiograms and any further testing if done (thallium, echo or angiogram).

## ADDITIONAL COMMENTS

Do you have any additional comments?

Advisor: \_\_\_\_\_

Date: \_\_\_\_\_

For more information, contact:  
 Advisors Financial Group  
 5904 Six Forks Rd., Suite 105 | Raleigh, NC 27609  
 Phone 800-334-1217 | Fax 919-844-2310  
 Support@AFG.email  
 www.underwritemycase.com