

Generic Cardiac Questionnaire

SECTION I: AGENT INFORMATION

Full Name of Agent

Address Line 1

Address Line 2

City, State, Zip

E-Mail

Business Phone

Cell Phone

Home Number

Fax Number

SECTION II: CLIENT BACKGROUND INFORMATION

Full Name

Sex

Male

Female

Date of Birth

Height

Weight (if weight changed in the last 12 months,
please indicate)

Type of Product

- Term Life
- Universal Life
- Whole Life
- Second to Die
- Variable Life

Coverage Amount

Desired Premium Range

Occupation (If not currently employed, explain i.e.
Retired, Disabled, Social Security Disability,
Workmans Comp)

Ever used nicotine

- Yes
- No

Still using nicotine

- Yes
- No
- Not Applicable

Date Stopped

List types of nicotine used

SECTION III: CLIENT MEDICAL INFORMATION

Most significant medical problem

Date condition first diagnosed

Is client currently seeing a doctor for the above condition

Yes
 No

Date of last visit

Most recent BP reading

List all medications, including dosage and frequency, that the client is currently taking:

List any immediate relatives (parents or siblings) who have died of heart disease, cancer, or diabetic complications prior to the age of 60:

Describe any other impairment, medical or otherwise, which may affect the underwriting process:

Prior company action (Name of company, rating, premium)

Types and dates of surgery or hospital treatment?

SECTION IV: GENERAL HEART CONDITION QUESTIONS

Has the client ever experienced syncope (fainting), palpitations, or dizziness? If so, provide details:

Describe any restrictions placed on the clients activities:

What was the date and type (treadmill, nuclear treadmill, chemically induced, etc) of the clients last stress test?

What were the results of that test?

Does the client carry a pill (nitroglycerin) or does client ever wear a patch for chest pain?

- Yes
- No

Does the client suffer from Angina (chest pain)? If so, please provide official diagnosis:

Does the client carry nitroglycerine pills? If so, when was the last time they used them?
