## Underwriting Questionnaire **Cardiac Disease**

Producer Name	Phone	Date			
Client Name	Date of Birth				
□ Male □ Female Face Amount		Max Premiu	m \$	/yr.	
□ Term □ Permanent Has the client ever u	used any form of to	bacco (cigarette	es, cigars, pipe, snut	ff, etc.)? □Yes	5 🗆 No
Frequency D	Date of last use		Туре		
Has the client had a heart attack? Yes No If yes, provide date					
Provide dates if any of the following tests have been  Resting EKG Stress thallium Stress echo Other	· 	Echocardio	jram		
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 Wh	ich vessels			
What conditions has the client been diagnosed with Diabetes Age of onset High blood pressure Most recent reading Irregular heartbeat Other arterial disease Carotid			rebrovascular		
Does the client take any current medications, including	ng preventative asp	irin □Yes [	No		
Name of Medication (prescription or otherwise	) Date	es Used	Quantity Take	n Fre	equency 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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