HEART DISEASE—CONGESTIVE HEART FAILURE QUESTIONNAIRE

Agent: Phone: Fax:

Proposed Insured Name: _____ ❒ M ❒ F Date of Birth: _____
Face Amount: _____ Max. Premium: $_____/year ❒ UL ❒ WL ❒ Term ❒ Survivorship
Do you currently smoke cigarettes? ❒ Y ❒ N If no, did you ever smoke: ❒ Never ❒ Quit (Date): _____
Do you currently use any other tobacco products (e.g. cigars, pipe, snuff, nicotine patch, Nicorette gum...): ❒ Y ❒ N
If Yes, please provide details:_____
When did you last use any form of tobacco: _____ (Month) _____ (Year) Type used last: _____
Height: ____ft. ____in. Weight: ____lbs.

(1) Date of diagnosis: _____

(2) The condition has been diagnosed that has lead to the Congestive Heart Failure?

- ❒ High blood pressure/hypertension
- ❒ Irregular heart beats
- ❒ Atrial fibrillations
- ❒ Ventricular fibrillations
- ❒ Cardiomyopathy
- ❒ Other: _____
- ❒ Heart valve disease
- ❒ Congenital heart valve abnormality
- ❒ Hyperthyroidism
- ❒ Myocarditis
- ❒ Peripheral edema

(3) Provide dates if any of the following tests or procedures have been done to evaluate the condition?

- ❒ Resting EKG: _____
- ❒ Stress EKG: _____
- ❒ Thallium Stress EKG: _____
- ❒ Echocardiogram: _____
- ❒ Holter Monitor: _____
- ❒ Chest X-ray: _____
- ❒ Other: _____

(4) Please provide the Ejection Fraction (EF) of the most recent stress echocardiogram: _____%

(5) Is there any family history of heart disease or premature death due to heart disease?

	Age (if living)	History of heart disease?	Age at death:	Cause of death:
Mother		❒ Yes ❒ No		
Father		❒ Yes ❒ No		
Sister(s)		❒ Yes ❒ No		
Brother(s)		❒ Yes ❒ No		

(6) Does the proposed insured take any current medications? ❒ No ❒ Yes Details:

Name of Medication (Prescription or Otherwise)	**Dates Used**	**Quantity Taken**	**Frequency Taken**

(7) Are there any other conditions that may impact life underwriting? If yes, please describe: _____

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