ENLARGED HEART

CLIENT NAME: _____ **Date:** _____

☐ Male ☐ Female Date of birth: _____ Height: _____' _____" Weight: _____

Tobacco Use: ☐ Never used ☐ Totally stopped Date stopped: _____ ☐ Use now Type of nicotine product: _____

Type of Coverage: ☐ Term ☐ UL ☐ Survivor ☐ Disability **Coverage Amount:** _____

Annual Income: _____ **Occupation/Job duties:** _____ **State of Residence:** _____

Anticipated Premium: _____

FAMILY HISTORY

Has proposed insured had a parent, brother or sister who had cancer, diabetes, stroke, heart or kidney disease or who died by 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 Amount	Year Issued	Is Policy to be Replaced?

1. When was the condition first diagnosed? _____

2. Have any of the following symptoms occurred?

☐ Chest discomforto
☐ Fainting spells or dizziness
☐ Shortness of breath
☐ Palpitations (irregular heart beat)

3. Please check if your client has had any of the following:

Chest X-ray: ☐ No ☐ Yes, Normal / ☐ Yes, Abnormal
Exercise treadmill or thallium ☐ No ☐ Yes, Normal / ☐ Yes, Abnormal
Resting or exercise echocardiogram ☐ No ☐ Yes, Normal / ☐ Yes, Abnormal
MUGA ☐ No ☐ Yes, Normal / ☐ Yes, Abnormal
Cardiac catheterization ☐ No ☐ Yes, Normal / ☐ Yes, Abnormal

4. Is there a history of any heart disease (problems with valves, coronary artery disease, cardiomyopathy, etc.)?

☐ No ☐ Yes; please give details

_____

_____

5. Is client on any medications? (accurate name, dosage, and reason)

(Accurate) Name of Medication	Dosage	Reason

6. Does client have any other health issues? (additional questionnaires may be required) ☐ No ☐ Yes; please give details

_____

_____

