



Myocardial Infarction Questionnaire

Agent: _____ **Phone:** _____ **Fax:** _____
Client: _____ **DOB :** _____ *Male* *Female*
Product/Face Amount: _____ **Height:** _____ **Weight:** _____

* **TOBACCO/NICOTINE USE (past or present):** **YES***** **NO**
 ***Please provide details as to any past or present use of tobacco or nicotine products:

* **Date(s) of heart attack(s):**

* **Briefly describe the circumstances surrounding the heart attack history (symptoms, onset, diagnosis, etc):**

* **Please indicate which of the following diagnostic evaluations and/or interventions have been provided to date, and any details/results available (complete additional questionnaires if indicated)**

- Echocardiogram*
- Stress perfusion imaging ("Thallium" stress test, etc.)*
- Cardiac catheterization/Angiogram*
- Coronary angioplasty/stents*
- Coronary artery bypass grafting*

* **Have you been diagnosed with any form of heart failure?**

YES **NO**

If YES, please summarize briefly:

* **Do you have a history of abnormal heart rhythm?**

YES **NO**

If YES, please describe:

* **MEDICATIONS - List ALL current medications, prescription and non-prescription (including vitamins, nutritional supplements, herbal preparations, etc) in the space provided below:**

MEDICATION	DOSE	MEDICATION	DOSE
1.		5.	
2.		6.	
3.		7.	
4.		8.	

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

YES NO

If YES, did the physician interpret the results as normal or abnormal?

● Has there been any further chest discomfort since the heart attack?

YES NO

If YES, please describe the episodes and outline any :

● Is there any history of:

Abnormal lipid levels Diabetes
 Overweight Elevated homocysteine
 High blood pressure Peripheral vascular disease
 Irregular heart beat Stroke, TIA or carotid disease

● Did you participate in any formal cardiac rehabilitation program subsequent to the heart attack?

YES NO

If YES, please summarize:

● Are you involved in any ongoing structured exercise or physical conditioning regimen?

YES NO

If YES, please describe:

● **FAMILY HISTORY:** (*Family history may be a factor in determining rate class*) Is there a family history (*parent or siblings*) of the following conditions/disease onset prior to age 60:

Cardiac Disease YES NO *Diabetes* YES NO
Stroke or TIA YES NO *Cancer* YES NO

Please provide details for any "YES" response below (attach additional sheet if necessary)

FAMILIAL RELATIONSHIP	SPECIFIC CONDITION(S)	AGE WHEN DIAGNOSED	CURRENT AGE (if living)	DECEASED (list age @ time of death)
<i>FATHER</i>				
<i>MOTHER</i>				
<i>SIBLING 1</i>				
<i>SIBLING 2</i>				

*** Do you have any other significant health issues or medical conditions?** (*i.e. cancer, diabetes, etc. – complete additional questionnaires, if indicated*)

Condition(s) - List treatment and current status:

NO other medical issues.

*** Have you been previously declined, postponed or rated for life coverage? If so, please outline the circumstances in detail. Include date(s), insurance company name(s), reason provided for adverse action, and nature of prior submission (formal application vs. informal/trial submission), etc.**

***Are there any other health factors, circumstances or information you consider to be important in evaluating you as an applicant for life insurance?**

****Please submit any available EKG tracings, or reports outlining objective summaries or results/findings of cardiac evaluation and follow-up (results of stress testing, echocardiograms, angiograms, etc.).*