

## QUICK QUOTE FOR HEART ATTACK (MYOCARDIAL INFARCTION)

**CLIENT:** NAME \_\_\_\_\_ /  M  F / DOB \_\_\_\_\_ AGE \_\_\_\_\_ / HT \_\_\_\_\_ WT \_\_\_\_\_ / STATE \_\_\_\_\_

AMT. REQUESTED \$ \_\_\_\_\_ / MAX. ANNUAL PREMIUM \$ \_\_\_\_\_ / TYPE OF INS.  UL  TERM YRS. LVL \_\_\_\_\_

TOBACCO USE  NO  YES, TYPE \_\_\_\_\_ / REPLACEMENT  YES  NO / CURRENT ANN. PREM. \$ \_\_\_\_\_

LAST LIFE INSURANCE APP. YEAR \_\_\_\_\_ COMPANY \_\_\_\_\_ ACTION \_\_\_\_\_

OCCUPATION \_\_\_\_\_ / MARITAL STATUS  SINGLE  MARRIED  WIDOWED  DIVORCED

FAMILY HISTORY –  
AGE, IF STILL LIVING: FATHER \_\_\_\_\_ MOTHER \_\_\_\_\_ SIBLING 1 \_\_\_\_\_ SIBLING 2 \_\_\_\_\_ SIBLING 3 \_\_\_\_\_

IF ANY DECEASED, PROVIDE RELATION, AGE AND CAUSE OF DEATH \_\_\_\_\_

HAVE ANY OF YOUR FAMILY MEMBERS BEEN DIAGNOSED WITH CANCER, DIABETES OR HEART DISEASE PRIOR TO AGE 60? IF YES, PROVIDE RELATION, ILLNESS AND AGE OF ONSET \_\_\_\_\_

DRIVING RECORD - # OF VIOLATIONS IN PAST 3 YEARS \_\_\_\_\_ / # OF DUI / RECKLESS DRIVING PAST 5 YEARS \_\_\_\_\_

DO YOU EXERCISE 3 OR MORE TIMES PER WEEK?  NO  YES, DETAILS \_\_\_\_\_

DATE OF LAST MEDICAL CHECKUP \_\_\_\_\_ RESULTS \_\_\_\_\_

DATE OF LAST RESTING EKG \_\_\_\_\_ RESULTS \_\_\_\_\_

LAST BLOOD PRESSURE READING (EXAMPLE 140/80) \_\_\_\_\_ / ARE YOU TREATED FOR BLOOD PRESSURE?  NO  YES

LAST TOTAL CHOLESTEROL READING AND HDL READING \_\_\_\_\_ / ARE YOU TREATED FOR CHOLESTEROL?  NO  YES

**AGENT:** NAME \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

**CPS OFFICE ONLY:** ENTER OFFICE NAME/LOCATION \_\_\_\_\_ FAX \_\_\_\_\_

1. PLEASE LIST DATE(S) OF HEART ATTACK(S) AND SEVERITY:  
DATE \_\_\_\_\_ /  MILD  MODERATE  SEVERE

TIME UNTIL RETURN TO NORMAL ACTIVITIES? \_\_\_\_\_

2. WHAT CONDITION(S) PRECEDED THE HEART ATTACK(S)?

- CHEST PAIN
- ARRHYTHMIA OR IRREGULAR HEART BEATS
- ABNORMAL EKG
- ABNORMAL STRESS TEST
- OTHER \_\_\_\_\_

3. DOES CLIENT WORK FULL TIME?  YES  NO

4. ACTIVITIES CLIENT IS CAPABLE OF PERFORMING (CHECK LEVEL OF EXERCISE THAT BEST APPLIES):

- L1- HEAVY LABOR, HANDBALL, CROSS COUNTRY, SKIING, RUNNING 10 MIN. MILES, BICYCLING AT 12MPH
- L2- SHOVELING, WOOD CUTTING, CANOEING, JOGGING 12 MIN. MILES, SWIMMING CRAWL STROKE, ROWING MACHINE
- L3- CARPENTRY, LAWN MOWING, SINGLES TENNIS, DOWNHILL SKIING, SWIMMING BREAST STROKE
- L4- SEDENTARY LIFE STYLE (UNABLE TO DO L1, L2 OR L3)

5. SINCE HEART ATTACK HAS CLIENT EXPERIENCED ANY OF THE FOLLOWING (CHECK ALL THAT APPLY):

- CHEST PAINS OR ANGINA
- IRREGULAR EKG OR STRESS TEST
- ARRHYTHMIA
- CONGESTIVE HEART FAILURE

6. DATE LAST CONSULTED WITH A CARDIOLOGIST \_\_\_\_\_

7. WHAT TREATMENTS HAVE BEEN PRESCRIBED?  
 MEDICATION- LIST ALL MEDICATION(S) AND DOSAGE(S):

\_\_\_\_\_

ANGIOPLASTY OR BYPASS (USE ADDITIONAL QQ FORM)

OTHER TREATMENTS \_\_\_\_\_

\_\_\_\_\_

8. WHAT TESTS HAVE BEEN PERFORMED?

RESTING EKG / DATE \_\_\_\_\_ RESULTS \_\_\_\_\_

STRESS TEST / DATE \_\_\_\_\_ RESULTS \_\_\_\_\_

NUCLEAR STRESS TEST

DATE \_\_\_\_\_ RESULTS \_\_\_\_\_

STRESS ECHO / DATE \_\_\_\_\_ RESULTS \_\_\_\_\_

CORONARY CATHETERIZATION

DATE \_\_\_\_\_ RESULTS \_\_\_\_\_

9. LIST ANY OTHER ILLNESSES OR IMPAIRMENTS (COMPLETE ANY OTHER QUICK QUOTE FORMS THAT MAY APPLY) ALONG WITH ALL MEDICATIONS AND VITAMINS TAKEN:

\_\_\_\_\_

\_\_\_\_\_