

QUICK QUOTE FOR HEART CONDITIONS

CLIENT: NAME _____ / M F / DOB _____ AGE _____ / HT _____ WT _____ / STATE _____

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

REPLACEMENT YES NO / CURRENT ANN. PREM. \$ _____ / LAST LIFE INSURANCE APP. YEAR (COMPANY/ACTION) _____

TOBACCO USE NEVER DATE LAST USED _____ YES, TYPE WITH FREQUENCY _____

MARITAL STATUS SINGLE MARRIED WIDOWED DIVORCED / OCCUPATION _____

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 _____

1 .PLEASE NOTE TYPE OF HEART CONDITION:

A. HEART MURMUR

- AORTIC STENOSIS
- MITRAL STENOSIS
- PULMONIC STENOSIS
- AORTIC REGURGITATION
- MITRAL REGURGITATION
- AORTIC INSUFFICIENCY
- INNOCENT MURMUR

B. CARDIOMYOPATHY (HEART ENLARGEMENT); TYPE:

- DILATED (CONGESTIVE)
- HYPERTROPHIC
- RESTRICTIVE
- ISCHEMIC
- IDIOPATHIC

C. CONGESTIVE HEART FAILURE; DUE TO

- CORONARY ARTERY DISEASE
- HEART ATTACK
- AORTIC REGURGITATION
- OTHER; PLEASE SPECIFY _____

D. CHEST PAIN

- CORONARY ARTERY DISEASE
- HEART ATTACK
- ANGINA
- OTHER; _____

PLEASE SPECIFY;

FREQUENCY _____

DATE OF LAST EPISODE _____

E. ARRHYTHMIA (ABNORMAL HEART RATE); TYPE:

- ATRIAL FIBRILLATION/ATRIAL FLUTTER
- SUPRAVENTRICULAR TACHYCARDIA (SVT)
- PREMATURE VENTRICULAR CONTRACTIONS (PVC's)
- PREMATURE ATRIAL CONTRACTIONS (PAC's)
- OTHER _____

PLEASE SPECIFY;

FREQUENCY _____

DATE OF LAST EPISODE _____

2. WHICH TESTS HAVE BEEN PERFORMED (CHECK AND DETAIL ALL THAT APPLY):

RESTING EKG
DATE AND RESULTS _____

EXERCISE EKG
DATE AND RESULTS _____

NUCLEAR STRESS TEST
DATE AND RESULTS _____

STRESS ECHOCARDIOGRAM
DATE AND RESULTS _____

CORONARY CATHETERIZATION
DATE AND RESULTS _____

WHAT IS THE EJECTION FRACTION? _____

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3. FOR ALL HEART CONDITIONS:

a. WHAT WAS THE DATE OF DIAGNOSIS?

b. DATE RESOLVED

c. IF NOT RESOLVED, PLEASE EXPLAIN

d. DATE OF LAST CONSULTATION WITH DOCTOR AND THE RESULTS

e. IS THE HEART CONDITION?:

- STABLE
- IMPROVING
- PROGRESSIVE

5. DOES CLIENT WORK FULL TIME? YES NO

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

4. WHAT TREATMENTS HAVE BEEN PRESCRIBED FOR YOUR HEART CONDITION? (CHECK AND DETAIL ALL THAT APPLY):

MEDICATIONS _____

PACEMAKER _____

SURGERY; (ie CARDIOVERSION, ABLATION, ETC)

OTHER: PROVIDE DETAILS:

