



QQ FOR HEART ATTACK (MYOCARDIAL INFARCTION)

Information gathered will be used in the evaluation of the applicant's insurability. Offers are tentative subject to verification of the submitted medical evidence and other criteria used in the underwriting of life insurance. © COPYRIGHT CPS

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 GIVE RELATION, AGE AND CAUSE, OF EACH _____

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 _____ / DATE OF LAST EKG _____ AND RESULTS _____

LAST BLOOD PRESSURE READING (RESULTS) _____ / _____ / ARE YOU TREATED FOR BLOOD PRESSURE NO YES

LAST CHOLESTEROL READING, HDL READING (RESULTS) _____, _____ 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 OF EACH:

DATE _____ / MILD MODERATE SEVERE

TIME UNTIL RETURN TO NORMAL ACTIVITIES? _____

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
- IRREGULAR EKG
- IRREGULAR STRESS EKG
- 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 EKG
- ARRHYTHMIA
- CONGESTIVE HEART FAILURE

6. DATE LAST CONSULTED PHYSICIAN _____

7. WHAT TREATMENTS HAVE BEEN PRESCRIBED?

MEDICATION - LIST ALL MEDICATION(S) AND DOSAGE(S) PRESCRIBED:

ANGIPLASTY OR BYPASS (USE ADDITIONAL QQ FORM)

OTHER TREATMENTS

8. WHAT TESTS HAVE BEEN PERFORMED?

RESTING EKG / DATE _____ RESULTS _____

EXERCISE EKG / DATE _____ RESULTS _____

THALLIUM 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 MEDS AND VITAMINS TAKEN (INCLUDE DOSAGE AND FREQUENCY):
