PinnacleQuote
Life Insurance Specialists

HEART DISEASE - CARDIOMYOPATHY QUESTIONNAIRE

Agent: Phone: Fax:

Proposed Insured Name: _____ ❒ M ❒ F Date of Birth: _____
Face Amount: _____ Max. Premium: $_____/year ❒ UL ❒ WL ❒ Term ❒ Survivorship
Do you currently smoke cigarettes? ❒ Y ❒ N If no, did you ever smoke: ❒ Never ❒ Quit (Date): _____
Do you currently use any other tobacco products (e.g. cigars, pipe, snuff, nicotine patch, Nicorette gum...): ❒ Y ❒ N
If Yes, please provide details: _____
When did you last use any form of tobacco: _____ (Month) _____ (Year) Type used last: _____

(1) Date of diagnosis: _____ Considered: ❒ Mild ❒ Moderate ❒Severe

(2) The condition has been diagnosed as:

- ❒ Dilated cardiomyopathy Grade: ❒1 ❒2 ❒3
- ❒ Hypertensive cardiomyopathy Grade: ❒1 ❒2 ❒3
- ❒ Hypertrophic cardiomyopathy
- ❒ Congestive cardiomyopathy
- ❒ Other: _____
- ❒ Ishcemic cardiomyopathy
- ❒ Cardiomyopathy due to valve disorder
- ❒ Alcoholic cardiomyopathy When quit alcohol?_____
- ❒ Peripartum cardiomyopathy When recovered?_____
- ❒ Restrictive or infiltrative cardiomyopathy

(3) Provide dates if any of the following tests or procedures have been done to evaluate the condition?

- ❒ Resting EKG: _____ ❒ Stress EKG: _____
- ❒ Thallium Stress EKG: _____ ❒ Echocardiogram: _____
- ❒ Holter Monitor: _____ ❒ Chest X ray: _____
- ❒ Any known abnormalties: _____

(4) Does Proposed Insured know their left ventrical ejection fraction? _____***%***

(5) Does Proposed Insured know their left ventricular wall thickness (mm) from echo? _____ ***mm***

(6) Any history of Atrail Fib? ❒Yes ❒ No *Any history of congestive heart failure ?* ❒ Yes ❒ No

(7) Average blood Pressure: _____ ***Any history of arrhythmia?*** ❒ Yes ❒ No

(8) Any family history of sudden cardiac death? ❒ No ❒ Yes _____

Name of Medication (Prescription or Otherwise)	Dates Used	Quantity Taken	Frequency Taken

(9) Are there any other conditions that may impact life underwriting? If yes, please describe: _____