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Questionnaire For: Heart Attack (Myocardial Infarction)

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

Agent's Name: _____ Phone #: _____
Proposed Insured: _____ Date of Birth: ___/___/___
Male () Female () Height _____ Weight _____ Smoker () Non Smoker ()
Amount of Coverage \$ _____ Product Type _____

- List dates of heart attacks and severity of each:
Date _____ [] Mild [] Moderate [] Severe
Time until return to normal activities? _____
Date _____ [] Mild [] Moderate [] Severe
Time until return to normal activities? _____
- What condition(s) preceded the heart attack(s)?
[] Chest Pain [] Arrhythmia or irregular heart beats [] Irregular EKG
[] Irregular Stress EKG [] Other _____
- Does client work full time? [] Yes [] NO
- Activities **capable** of performing (check level of exercise that **best** applies):
[] Level one – Heavy labor, handball, cross country skiing, running 10 minute miles, bicycling at 12 MPH
[] Level two – Shoveling, wood cutting, canoeing, jogging 12 minute miles, swimming crawl stroke, rowing machine
[] Level three – Carpentry, lawn mowing, singles tennis, downhill skiing, swimming breast stroke
[] Level four – Sedentary life style (unable to do any of levels one through three)
- Since the heart attack, has client experienced any of the following?
[] Chest pains or angina
[] Irregular EKG or stress EKG
[] Arrhythmia
[] Congestive heart failure

6. What treatment(s) have been prescribed?
 Date last consulted physician _____ List all medications: _____
 Angioplasty or Bypass, Details: _____
 _____ Date _____
 Number of arteries or grafts performed on: _____ Date _____
 Other treatments _____
7. What tests have been performed? (Check all that apply):
 Resting EKG / Date _____ Results _____
 Exercise EKG / Date _____ Results _____
 Thallium Test / Date _____ Results _____
 Stress Echo / Date _____ Results _____
 Coronary Catheterization / Date _____ Results _____
8. List any other illnesses or impairments, along with all meds and vitamins taken, include dosage and frequency: _____

