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: _____
Height: ____ft. ____in. Weight: ____lbs.

(1) Date of diagnosis: _____

(2) The condition has been diagnosed as:

- ❒ Dilated cardiomyopathy
- ❒ Myocarditis
- ❒ Myocardial fibrosis
- ❒ Myocardial degeneration
- ❒ Congestive cardiomyopathy
- ❒ Hypertrophic cardiomyopathy
- ❒ Idiopathic hypertrophic subaortic stenosis
- ❒ Alcoholic cardiomyopathy
- ❒ Peripartum cardiomyopathy
- ❒ Restrictive cardiomyopathy
- ❒ Other: _____

(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: _____
- ❒ Other: _____

(4) Is there any family history of heart disease or premature death due to heart disease?

	Age (if living)	History of heart disease?	Age at death:	Cause of death:
Mother		❒ Yes ❒ No		
Father		❒ Yes ❒ No		
Sister(s)		❒ Yes ❒ No		
Brother(s)		❒ Yes ❒ No		

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

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

_____

_____

BULBROOK/DRISLANE BROKERAGE
Email: Info@bulbrookdrislane.com
Fax: (781)237-8846