

## **HEART ATTACK (Myocardial Infarction) QUESTIONNAIRE**

**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 \_\_\_\_\_

**1. PLEASE LIST DATE(S) OF HEART ATTACK(S) AND SEVERITY:**

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: \_\_\_\_\_

- ANGIOPLASTY 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): \_\_\_\_\_**