	HEART	DISEASE-	-BUNDLE	BRAN	СН Е	BLOCK	QUESTION	INAIRE
Agent:				Phone:			Fax:	
Face Amour Do you curre Do you curr If Yes, pleas When did yo	nt: ently smoke c ently use any se provide det ou last use any	other tobacco prod ails: y form of tobacco: Weight:lbs	ax. Premium: \$ N If no, did ucts (e.g. cigars,	you ever s pipe, snuff (Yea	/year moke: , nicotin ar) Type	UL Never ce patch, Nieused last:	Date of Birth: WL	J Survivorship
(1) Date of first diagnosis:								
(2) Has the	e proposed in	sured been diagnos	sed with:					
	r							
(3) Provide dates if any of the following tests or procedures have been done?								
	hallium Stress	s EKG:		□	Stress 1	Echocardio	gram:	
(4) Please check if the proposed insured as been diagnosed with the following conditions:								
□ C □ H □ E □ D □ F	Cardiomyopathy Heart valve disease/disorder Elevated Cholesterol - most recent known level: High blood pressure - most recent reading: Diabetes - age of onset: Recent A1C test result: (please ask for our Diabetes Questionnaire) Family history of heart disease. If yes, who and at what age(s) diagnosed:							
(5) Does the proposed insured take any current medications (include preventative aspirin)? No Yes Details:								
Name of M	Tedication (P	rescription or Oth	nerwise)		Dates U	sed	Quantity Taken	Frequency Taken
		<u> </u>					<u> </u>	
(6) Was an artificial pacemaker installed? If yes, when:								
(7) Are there any other conditions that may impact life underwriting? If yes, please describe:								

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