# Underwriting Questionnaire
# Cardiomyopathy


Producer Name _____ Phone _____ Date _____

Client Name _____ Date of Birth _____

☐ Male ☐ Female Face Amount _____ Max Premium $ _____ /yr.

☐ Term ☐ Permanent Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)? ☐ Yes ☐ No

Frequency _____ Date of last use _____ Type _____

Date of diagnosis _____

This condition as been diagnosed as

- ☐ Dilated cardiomyopathy
- ☐ Myocarditis
- ☐ Mycardial fibrosis
- ☐ Mycardial degeneration
- ☐ Congestive cardiomyopathy
- ☐ Other _____
- ☐ Hypertrophic cardiomyopathy
- ☐ Idiopathic hypertrophic subaortic stenosis
- ☐ Alcoholic cardiomyopathy
- ☐ Peripartum cardiomyopathy
- ☐ Restrictive cardiomyopathy

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

- ☐ Resting EKG _____
- ☐ Thallium stress EKG _____
- ☐ Holter monitor _____
- ☐ Other _____
- ☐ Stress EKG _____
- ☐ Echocardiogram _____
- ☐ Chest X-ray _____

Family history of heart disease or premature death due to heart disease

| Relation | Age (if living) | Age at Death | Cause of Death |
|---|---|---|---|
| | | | |
| | | | |

| Name of Medication (prescription or otherwise) | Dates Used | Quantity Taken | Frequency Taken |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

List any other major health problems the client has:

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