



Heart Attack Questionnaire

Insurance Designers of Central Texas, LLC
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Austin, TX 78729
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Today's Date: _____ Agent: _____
Full Name: _____ Male or Female? _____
Height and weight: _____ Date of Birth: _____

Note: We encourage you to please fax us a copy of your most recent echocardiogram, stress test, or other cardiac workup, including catheterizations, as it will help us obtain the most accurate tentative quote.

1. When did you have a heart attack (month and year) and at what age?

2. Have you had any of the following cardiac procedures?

___ coronary catheterization / CT angiogram _____ date(s)
___ coronary angioplasty (PTCA) _____ date(s)
___ bypass surgery (CABG) _____ date(s)
___ stent placement _____ date(s)
___ other _____ date(s)

3. Please indicate type of tobacco EVER used:

Type:	Amount per (circle frequency):	Date last used:	Still use?
___ Smokeless	___ per day/month/year	_____	___ Y ___ N
___ Cigarettes	___ per day/month/year	_____	___ Y ___ N
___ Cigar	___ per day/month/year	_____	___ Y ___ N
___ Patch/Gum	___ per day/month/year	_____	___ Y ___ N

4. Have you ever had or do you currently experience any of the following cardiac arrhythmias?

___ Atrial Fibrillation (___ Paroxysmal or ___ Chronic)
___ Atrial Flutter
___ Premature atrial contractions (PACs)
___ Premature ventricular contractions (PVCs)
___ Tachycardia
___ Bradycardia

List date last experienced these: _____

5. What medications do you take, reason, dosage and how often?

6. How often do you see your cardiologist and when was last visit?

7. Has your weight remained stable or have you ___ lost or ___ gained weight in the past year? If so, by how much?

8. Do you have any family history of heart disease? If so, list:

Member(s) _____
Age(s) diagnosed _____ Circle one (Current age / Age of death) _____