



**BROKERAGE GROUP
INTERNATIONAL, LLC**

Heart Condition Questionnaire

Broker Name: _____ Date: _____

Phone: _____ Fax: _____

E-Mail: _____

Address/City/State/Zip: _____

CLIENT INFORMATION

Name: _____ M F

Date of Birth: _____ Height: _____ Weight: _____

Occupation: _____

Insurance Amount _____ Insurance Type: Term Universal Life Whole Life

Death Benefit: _____ Second to Die Variable

Have you ever used tobacco or nicotine products? Yes No

If yes, what type of product did you use? Cigarettes Cigar Pipe Other

HEART CONDITION INFORMATION

1. Date: _____

2. Symptoms: _____

3. Are you taking any medication now?

a. Yes No

b. Name of medication: _____

4. When did you last have symptoms? (Chest pains, shortness of breath, sweating): _____

5. Date of last follow-up care by your physician: _____

6. Have you ever had a stress EKG (a treadmill, bicycle, or medication induced stress test)?

a. Yes No

b. Date of last test: _____

7. Was a thallium or stress echo test done?

a. Yes No

b. When? _____

c. Results? _____

8. Was a cardiac catheterization (or an angiogram done)?

a. Yes No

b. When? _____

9. Was any surgery suggested?

a. Yes No

b. When? _____

c. Type of surgery? _____

10. Do you use tobacco products/?

a. Yes No

b. If Yes, what type and how much?

c. If No, did you ever use Tobacco products?

i. Yes No

ii. If yes, when did you quit? _____

11. Additional Comments? _____

