Cardiomyopathy

Please answer all questions applicable to the client's medical history.

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: