NAILBA
NAILBA University

ENLARGED HEART

CLIENT NAME: ______________________________ **Date:** ______________

❑ Male ❑ Female Date of birth: ______________ Height: ______ ' ______ " Weight: ______________

Tobacco Use: ❑ Never used ❑ Totally stopped Date stopped: __________ ❑ Use now Type of nicotine product: ______________

Type of Coverage: ❑ Term ❑ UL ❑ Survivor **Type of Coverage:** ❑ Term ❑ UL ❑ Survivor

Coverage Amount: ______________ **Anticipated Premium:** ______________

FAMILY HISTORY

Has proposed insured had a parent, brother or sister who had cancer, diabetes, stroke, heart or kidney disease or who committed suicide?

If yes, use separate sheet to provide this information, including age of onset and date of death.

PROPOSED INSURED'S EXISTING INSURANCE			
Full Name of Company	Face Amount	Year Issued	Is Policy to be Replaced?

1. When was the condition first diagnosed? ______________

2. Have any of the following symptoms occurred?
   - ❑ Chest discomfort
   - ❑ Fainting spells or dizziness
   - ❑ Shortness of breath
   - ❑ Palpitations (irregular heart beat)

3. Please check if your client has had any of the following:

Chest X-ray	❑ No	❑ Yes, Normal	❑ Yes, Abnormal
Exercise treadmill or thallium	❑ No	❑ Yes, Normal	❑ Yes, Abnormal
Resting or exercise echocardiogram	❑ No	❑ Yes, Normal	❑ Yes, Abnormal
MUGA	❑ No	❑ Yes, Normal	❑ Yes, Abnormal
Cardiac catheterization	❑ No	❑ Yes, Normal	❑ Yes, Abnormal

4. Is there a history of any heart disease (problems with valves, coronary artery disease, cardiomyopathy, etc.)? ❑ No ❑ Yes; please give details

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5. Is client on any medications? (accurate name, dosage, and reason)

(Accurate) Name of Medication	Dosage	Reason

6. Does client have any other health issues? (additional questionnaires may be required) ❑ No ❑ Yes; please give details

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