



## J.L. Thomas & Company

A LIFEMARK PARTNER

The strength of many. The power of one.

### Heart Attack - Ask "Rx" -pert Underwriter (*ask our experts*)

Producer \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Client \_\_\_\_\_ Age/DOB \_\_\_\_\_ Sex \_\_\_\_\_

If your client has had a myocardial infarction (heart attack), please answer the following:

1. Please list date(s) of the heart attack(s): \_\_\_\_\_

2. Has your client had any of the following:

- Echocardiogram \_\_\_\_\_ (date)
- Coronary catheterization \_\_\_\_\_ (date)
- Coronary angioplasty \_\_\_\_\_ (date) \_\_\_\_\_ (# of vessels)
- Bypass surgery \_\_\_\_\_ (date) \_\_\_\_\_ (# of vessels)
- Heart failure \_\_\_\_\_ (date)
- Arrhythmias \_\_\_\_\_ (date)

3. Is your client on any medications? (including aspirin)?

- Yes, please give details \_\_\_\_\_
- No

4. Has a follow-up stress (exercise) ECG been completed since the heart attack?

- Yes, normal \_\_\_\_\_ (date)
- Yes, abnormal \_\_\_\_\_ (date)
- No

5. Has your client had any chest discomfort since the heart attack?

- Yes, please give details \_\_\_\_\_
- No

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

- Abnormal lipid levels
- Overweight
- High blood pressure
- Irregular heart beat
- Diabetes
- Elevated homocysteine
- Peripheral vascular disease
- Cerebrovascular or carotid disease

7. Has your client smoked cigarettes in the last 12 months?

- Yes
- No

8. Does your client have any other major health problems (ex: cancer, etc.)?

- Yes, please give details \_\_\_\_\_
- No