

HEART ATTACK

Client's Name _____

If your client has had a myocardial infraction (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)
 - bypass surgery _____ (date)
 - heart failure _____ (date)
 - arrhythmias _____ (date)
3. Is your client on any medications?
 - yes, please give details _____ (date)
 - 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 _____ (date)
 - no
6. Please check if your client has had any of the following:
 - elevated cholesterol
 - diabetes
 - overweight
 - family history of heart disease
 - high blood pressure

HEART ATTACK

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

yes

no

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

Please submit a copy of any recent stress tests.

Agents name:

Agents Tell #

Agent Fax #

Date Submitted:

Agents e-mail address:

PLEASE FAX TO BEST MARKETING AT 1-781 643-2775