



# Quick Quoter Clinical Underwriting®

## Chest Pain

Date: \_\_\_/\_\_\_/\_\_\_

Agent Name	Fax	
Address	Phone	
City	State	Zip

Client's Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Sex:  Male  Female Height: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs.

Smoker:  No  Yes (If yes, also complete Tobacco Questionnaire)

Insurance Amount: \_\_\_\_\_ Insurance Type:  Term  UL  Survivor UL

Additional Insured's Name (only if applying for Survivor UL): \_\_\_\_\_

OTHER COMPANY ACTIONS: Company: \_\_\_\_\_ Date applied: \_\_\_/\_\_\_/\_\_\_

Declined  Postponed  Rated Table: \_\_\_\_\_

- Has client ever had, or been treated for
  - Chest pain? Date \_\_\_/\_\_\_/\_\_\_
  - Skipping of heart? Date \_\_\_/\_\_\_/\_\_\_
  - Shortness of breath? Date \_\_\_/\_\_\_/\_\_\_
  - High blood pressure? Date \_\_\_/\_\_\_/\_\_\_
- Where was pain located?
  - Middle of chest  Left side of chest  Stomach
  - Left shoulder, arm or hand  Both shoulders or arms
- Was pain brought on by
  - Exertion?  Exercise?  Excitement?  Strain?
- Did client have
  - A sense of pressure/constriction?  Sweating?
- Was hospital care required?
  - No  Yes
- Has client had more than one episode?
  - No  Yes

If yes, give details, frequency and date of last episode \_\_\_\_\_

\_\_\_\_\_
- Is client now, or ever been, on medication such as digitalis, peritrate, nitroglycerin, vasodilators, blood pressure medicine, etc.?
  - No  Yes
- Does client carry a pill to be placed under the tongue for chest discomfort?
  - No  Yes

ADDITIONAL INFORMATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_