Coronary Disease Questionnaire

Agent Name: _____ Phone #: (_____) _____

Agent E-mail: _____

Client Name: _____ Date of Birth: _____

Sex: Male / Female Height: _____ Weight: _____ State: _____ Smoker: Yes / No

Face Amount: $_____ Type of Insurance: ___ UL ___ WL ___ SUL ___ Term (# of years _____)

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1. Has the proposed insured had any of the following?

___ Chest Pain	Dates: _____
___ Heart attack	Dates: _____
___ Bypass surgery	(Complete the Bypass/Angioplasty/Stent Questionnaire.)
___ Angioplasty	(Complete the Bypass/Angioplasty/Stent Questionnaire.)
___ Atherectomy	Dates: _____How many vessels: _____
___ Stents	(Complete the Bypass/Angioplasty/Stent Questionnaire.)
___ Heart Valve replacement	(Complete the Heart Valve Replacement Questionnaire.)
___ Abnormal heart rhythm or pulse	Dates: _____
___ Abnormal EKG	Dates: _____
___ Heart Murmur	(Complete the Heart Murmur Questionnaire.)
___ Atrial fibrillation	(Complete the Atrial Fibrillation Questionnaire.)
___ Congestive heart Failure	Dates: _____

2. Has surgery been done or is it expected for any of the above? ___ Yes ___ No
   If yes, provide details and dates: _____
   _____

3. If surgery has not been done or recommended, how is the proposed insured being treated? _____
   _____

3. Have any of the following tests been completed:

___ Thallium Stress ECG	Date: _____	Results: _____
___ Echocardiogram	Date: _____	Results: _____
___ Angiography	Date: _____	Results: _____
___ Stress Echocardiogram	Date: _____	Results: _____
___ Chest X-ray	Date: _____	Results: _____
___ Other _____	Date: _____	Results: _____

4. If the proposed insured had angina, heart attack, angioplasty or bypass, has a follow-up stress EKG been done?
   ___ Yes, results were normal. ___ Yes, results were abnormal. ___ No
   Details: _____

5. Has the proposed insured had any chest discomfort since the heart attack, angioplasty or bypass? ___ Yes ___ No
   Details: _____

6. Is the proposed insured taking any medication(s)? ___ Yes ___ No
   If yes, provide name, dosage and frequency of medication(s): _____
   _____

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