MEDICAL HISTORY QUESTIONNAIRE: CORONARY ARTERY DISEASE

Client Name: _____ Date of Birth: _____

Gender: ☐Male ☐Female Height: _____ Weight: _____

Tobacco Usage:

☐Never

☐Former Date Stopped: _____

☐Current Type: _____

Coverage Information:

Type: ☐Term ☐UL ☐IUL

☐WL ☐VUL ☐Survivorship

Face Amount: _____

Premium Tolerance: _____

PROPOSED INSURED'S EXISTING INSURANCE

INSURANCE COMPANY	FACE AMOUNT	YEAR ISSUED	REPLACEMENT (YES/NO)

1. List the date(s) of diagnosis: _____

2. What arteries were blocked and percentage? _____

3. Does the client's family have a history of heart disease? ☐No ☐Yes, list family members and details

_____

_____

_____

4. Has the client had either of the following?

Bypass Surgery: ☐No ☐Yes If Yes, date: _____

Coronary Angioplasty: ☐No ☐Yes If Yes, date: _____

Heart Attack: ☐No ☐Yes If Yes, date: _____

Heart Failure: ☐No ☐Yes If Yes, date: _____

Stress Test: ☐No ☐Yes If Yes, date: _____

Valve Surgery: ☐No ☐Yes If Yes, date: _____

5. Has the client had either of the following?

☐Abnormal lipid levels ☐Carotid Disease ☐Cerebrovascular Disease

☐Diabetes ☐Elevated Homosyteine ☐High Blood Pressure

☐Irregular Heartbeat ☐Overweight ☐Peripheral Vascular Disease

6. Please list current medications:

NAME OF MEDICATION	DOSAGE	REASON

7. Are there any other health issues? (Additional Questionnaires may be required) ☐No ☐Yes

If yes, please provide details: _____