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. Type of Coronary Artery Disease: _____
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:	_____
Stent(s):	☐ 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:	_____
Valve Surgery:	☐ No ☐ Yes	If Yes, date:	_____

5. Has the client had any 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: _____

_____

_____

_____