

# CORONARY BYPASS

CLIENT NAME: \_\_\_\_\_ Date: \_\_\_\_\_

Male  Female Date of birth: \_\_\_\_\_ Height: \_\_\_\_\_' \_\_\_\_\_" Weight: \_\_\_\_\_

Tobacco Use:  Never used  Totally stopped Date stopped: \_\_\_\_\_  Use now Type of nicotine product: \_\_\_\_\_

Type of Coverage:  Term  UL  Survivor  Disability Coverage Amount: \_\_\_\_\_

Annual Income: \_\_\_\_\_ Occupation/Job duties: \_\_\_\_\_ State of Residence: \_\_\_\_\_

Anticipated Premium: \_\_\_\_\_

## FAMILY HISTORY

Has proposed insured had a parent, brother or sister who had cancer, diabetes, stroke, heart or kidney disease or who died by suicide?  
*If yes, use separate sheet to provide this information, including age of onset and date of death*

| PROPOSED INSURED'S EXISTING INSURANCE |             |             |                           |
|---------------------------------------|-------------|-------------|---------------------------|
| Full Name of Company                  | Face Amount | Year Issued | Is Policy to be Replaced? |
|                                       |             |             |                           |
|                                       |             |             |                           |

3. Has client had any of the following?:

- \_\_\_ heart attack \_\_\_\_\_ (date)
- \_\_\_ coronary angioplasty (PTCA) \_\_\_\_\_ (date)
- \_\_\_ heart failure \_\_\_\_\_ (date)
- \_\_\_ valve surgery \_\_\_\_\_ (date)

4. Number of vessels by-passed?

5. How badly were the vessels occluded (percentage)?

6. Has a follow-up stress (exercise) ECG been completed since procedure? :

- \_\_\_ yes—normal \_\_\_\_\_ (date)
- \_\_\_ yes—abnormal \_\_\_\_\_ (date)
- no

7. Has client had any chest discomfort since the procedure?

- \_\_\_ yes; give details \_\_\_\_\_
- no

8. Has client had any of the following?:

- \_\_\_ abnormal lipid levels \_\_\_\_\_ diabetes
- \_\_\_ overweight \_\_\_\_\_ elevated homocysteine
- \_\_\_ high blood pressure \_\_\_\_\_ peripheral vascular disease
- \_\_\_ irregular heart beats \_\_\_\_\_ cerebrovascular or carotid disease

9. What medication is client on? (accurate name, dosage, and reason)

10. Are there any other health problems?