CORONARY ARTERY DISEASE

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?

1. List date(s) of diagnosis and type of coronary artery disease: _____

_____

2. Does client's family have any history of heart disease? ☐ No ☐ Yes; list family member(s) and details

_____

_____

_____

_3. Has client had any of the following?:
☐ Heart attack Date: _____
☐ Coronary angioplasty (PTCA) Date: _____
☐ Heart failure Date: _____
☐ Valve surgery Date: _____
☐ Bypass surgery Date: _____

4. 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
☐ Elevated cholesterol

6. Is client on any medications now? (accurate name, dosage, and reason)

(Accurate) Name of Medication	Dosage	Reason

7. Does client have any other health issues? (additional questionnaires may be required) ☐ No ☐ Yes; please give details

_____

_____