

Coronary Artery Disease

Name Male Female Age _____ Date of Birth _____

Tobacco Use No Cigarettes Other tobacco _____ Date quit? _____

State _____ Amount of Insurance _____ Type of Insurance _____

Occupation/Source of income: _____

Heart Attack, Myocardial Infarction, Angina, Coronary Bypass, or Coronary Angioplasty

1. Date (s) of Heart Attack, Myocardial Infarction, Angina _____

2a. Date(s) of Cardiac Bypass or Angioplasty? _____ 2b. Number of bypasses or angioplasties each date? _____

3. List all heart medication (including aspirin) _____

4. Test Results. _____ Date _____ Date _____
 Resting EKG - Normal Abnormal
 Stress EKG - Normal Abnormal
 Echocardiogram
 Angiogram/ Catherization

5. Do you have any of the following complications: cerebral vascular disease, stroke or TIA, Cardiac arrhythmia or irregular heart beat, CHF or congestive heart failure, diabetes, elevated homocysteine, kidney disease, hypertension, family history of Coronary disease?

Details to #5: _____

6. How often do you visit you physician? _____

General Questions:

1. Do you have any other major health problems? No Yes – Details: _____

2. List all medications: _____

3. Height: _____ Weight: _____ Most recent blood pressure reading: _____

Agent Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____ **Email:** _____

The information gathered above will be used in the evaluation of the insurability of the applicant. All offers are tentative and are subject to verification of the submitted medical evidence and other criteria used in the underwriting of life insurance Copyright 2000 to 2013 by Fredric Berger. All rights reserved.