



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/stent) Date: _____
- Heart failure Date: _____
- Valve surgery Date: _____
- Bypass surgery Date: _____

4. Has client had any of the following?:

- Abnormal lipid levels
- Overweight
- High blood pressure
- Irregular heart beats
- Elevated cholesterol
- Diabetes
- Elevated homocysteine
- Peripheral vascular disease
- Cerebrovascular or carotid disease

Please provide associated results:

Total cholesterol: _____
 LDL: _____
 HDL: _____
 Triglycerides: _____
 Blood pressure: ____/____
 Homocysteine level: _____
 Coronary artery calcium score: _____

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