CORONARY ANGIOPLASTY & BYPASS QUESTIONNAIRE

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CLIENT: NAME _____ [ ] M [ ] F, DATE OF BIRTH _____

AGE_____ HT _____ WT_____ STATE _____

AMOUNT REQ. $_____ MAX. ANNUAL PREMIUM $_____

TYPE OF INSURANCE: [ ] PERM [ ] TERM YRS. LEVEL _____

TOBACCO USE: [ ] NO [ ] YES, DETAIL_____

REPLACING? [ ] NO [ ] YES CURRENT ANN. PREM. $ _____

LAST LIFE INSURANCE APP. YEAR:_____ COMPANY_____
ACTION_____

AGENT: NAME_____ PHONE_____FAX_____

ADDRESS_____ CITY_____ ST_____ ZIP _____

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1. WHICH OF THE FOLLOWING PROCEDURE WAS COMPLETED?

[ ] CORONARY BYPASS
[ ] ANGIOPASTY (GO TO QUESTION #6)

2. WHEN WAS BYPASS SURGERY WAS PERFORMED:

MONTH _____ YEAR _____

3. AGE WHEN BYPASS SURGERY WAS PERFORMED? AGE _____

4. HOW MANY GRAFT'S WERE PERFORMED?
[ ] 1
[ ] 2 OR 3
[ ] 4 OR MORE

5. INDICATE THE TYPE OF GRAFT(S) USED:

[ ] SAPHENOUS VEIN (FROM LEGS)
[ ] INTERNAL MAMMER ARTERY
[ ] BOTH

IF THERE WAS ANGIOPLASTY DONE IN ADDITION TO BYPASS, SURGERY,

9. SINCE THE TIME OF THE ANGIOPLASTY OR BYPASS, HAS THE CLIENT EXPERIENCE EITHER OF THE FOLLOWING:
[ ]CHEST PAINS
[ ] IRREGULAR STRESS EKG

10. APPROXIMATE DATE OF THE LAST EKG;
[ ] WITHIN THE LAST 6 MONTHS
[ ] 6 MONTHS TO A YEAR AGO
[ ] MORE THAN A YEAR AGO

11. LIST THE LAST CHOLESTEROL READING, IF KNOWN:

_____HDL RATIO _____

12. LIST THE LAST BLOOD PRESSURE READING, IF KNOW:

_____SYSTOLIC

_____DIASTOLIC

13. CLIENT'S OCCUPATION _____

14. HAS A PARENT, BROTHER OR SISTER DIED PRIOR TO AGE 65, OTHER THAN BY ACCIDENT?
[ ] NO [ ] YES, PLEASE DETAIL
_____

PLEASE CONTINUE WITH QUESTION 6, IF NOT GO TO QUESTION 8.

6. WHEN WAS THE CORONARY ANGIOPLASTY PERFORMED?

MONTH _____ YEAR _____

IF A SECOND ANGIOPLASTY WAS PERFORMED, WHEN:

MONTH _____ YEAR _____

7. HOW MANY ARTERIES WAS THE PROCEDURE PERFORMED ON:

[ ] A SINGLE ARTERY
[ ] MORE THAN ONE ARTERY, # _____

8. WHICH CONDITION PRECEDED THE BYPASS OR ANGIOPLASTY ?

[ ] HEART ATTACK
[ ] CHEST PAIN
[ ] IRREGULAR STRESS EKG
[ ] EXTREME FATIGUE
[ ] OTHER
_____

_____

15. DOES THE CLIENT EXERCISE THREE OR MORE TIMES PER WEEK?
[ ] NO [ ] YES, PLEASE DETAIL _____

_____

16. PLEASE LIST ANY OTHER IMPAIRMENTS OR ILLNESSES ; ALONG WITH ANY AND ALL MEDICATIONS CURRENTLY BEING TAKEN, INCLUDE THE DOSAGE AND FREQUENCY OF EACH:
_____

_____

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