HEART DISEASE TREATMENT—ANGIOPLASTY QUESTIONNAIRE

Agent: Phone: Fax:

Proposed Insured Name: _____ ❒ M ❒ F Date of Birth: _____
Face Amount: _____ Max. Premium: $_____/year ❒ UL ❒ WL ❒ Term ❒ Survivorship
Do you currently smoke cigarettes? ❒ Y ❒ N If no, did you ever smoke: ❒ Never ❒ Quit (Date): _____
Do you currently use any other tobacco products (e.g. cigars, pipe, snuff, nicotine patch, Nicorette gum...): ❒ Y ❒ N
If Yes, please provide details:_____
When did you last use any form of tobacco: _____ (Month) _____ (Year) Type used last: _____
Height: ____ft. ____in. Weight: ____lbs.

(1) Provide date(s) or frequency of episode(s) of symptoms that have lead to the angioplasty:

(a) Angina pectoris: _____
(b) Coronary thrombosis/occlusion: _____
(c) Coronary insufficiency: _____
(d) Myocardial infraction (heart attack): _____

(2) Provide dates if any of the following tests or revascularization procedures have been done?

❒ Resting EKG: _____ ❒ Stress EKG: _____
❒ Thallium Stress EKG: _____ ❒ Echocardiogram: _____
❒ Coronary Catheterization: _____ ❒ Coronary Angioplasty: _____
❒ Percutaneous transluminal angioplasty (PTCA): _____ ❒ Directional Coronary Atherectomy: _____
❒ Rotational Atherectomy: _____ ❒ Coronary Artery Stents: _____
❒ Laser treatment: _____ ❒ Perfusion Balloon Catheter: _____
❒ Bypass Surgery: _____ Number of vessels involved: _____
❒ Other: _____

(3) Please check if the proposed insured as been diagnosed with the following conditions:

❒ Elevated Cholesterol - most recent known level: _____ ❒ High blood pressure - most recent reading: _____
❒ Diabetes - age of onset: _____ Recent A1C test result: _____ (also, please ask for our Diabetes Questionnaire)
❒ Family history of heart disease. If yes, who and at what age(s) diagnosed: _____
❒ Other: _____

(4) Does the proposed insured take any current medications, including preventative aspirin? ❒ No ❒ Yes Details:

(5) Does the proposed insured follow a specific diet (e.g. vegetarian) or take dietary supplements (vitamins, folic acid, etc.)?

Name of Medication (Prescription or Otherwise)	Dates Used	Quantity Taken	Frequency Taken

❒ No ❒ Yes Details: _____

(6) Does the proposed insured engage in any regular exercise or sporting activity?

❒ No ❒ Yes Details: _____

(7) Are there any other conditions that may impact life underwriting? If yes, please describe: _____

_____