

MEDICAL HISTORY QUESTIONNAIRE: CORONARY ARTERY DISEASE

Client Name: _____ Date of Birth: _____

Gender: ☐ Male ☐ Female Height: _____ Weight: _____

Tobacco Usage:

☐ Never

☐ Former

☐ Current

Date Stopped: _____

Type: _____

Coverage Information:

Type: ☐ Term

☐ WL

☐ UL

☐ VUL

☐ IUL

☐ Survivorship

Face Amount: _____

Premium Tolerance: _____

Proposed Insured's Existing Insurance

Insurance Company	Face Amount	Year Issued	Replacement (Yes/No)

1. List the date(s) of diagnosis: _____

2. Type of Coronary Artery Disease: _____

3. Does the client's family have a history of heart disease? ☐ No ☐ Yes, list family members and details

4. Has the client had either of the following?

Bypass Surgery:

☐

No

☐

Yes

If Yes, date: _____

Stent(s):

☐

No

☐

Yes

If Yes, date: _____

Coronary Angioplasty:

☐

No

☐

Yes

If Yes, date: _____

Heart Attack:

☐

No

☐

Yes

If Yes, date: _____

Heart Failure:

☐

No

☐

Yes

If Yes, date: _____

Valve Surgery:

☐

No

☐

Yes

If Yes, date: _____

5. Has the client had any of the following?

☐ Abnormal lipid levels

☐ Carotid Disease

☐ Cerebrovascular Disease

☐ Diabetes

☐ Elevated Homosysteine

☐ High Blood Pressure

☐ Irregular Heartbeat

☐ Overweight

☐ Peripheral Vascular Disease

6. Please list current medications:

Name of Medication	Dosage	Reason

7. Are there any other health issues? (Additional Questionnaires may be required) ☐ No ☐ Yes

If yes, please provide details: _____