

Coronary Angioplasty Questionnaire - Tentative offers obtained are not binding and could be subject to change – Final offers are subject to formal application and review of all required age/face requirements, paramedical requirements and review of complete medical records.

Agent/Advisor Name: _____
Proposed Insured: _____ Date Of Birth: _____ Gender: Male or Female
Build: Height _____ Weight _____ Any Weight Loss In Last Year? If so how much _____
Product Desired: Term Guarantee UL Index UL Whole Life Survivorship Life
Face Amount Desired: Option 1 \$ _____ Option 2 \$ _____ Option 3 \$ _____
Maximum Premium Tolerance Per Year: _____
Has Client Ever Used Any Form Of Nicotine? No Yes
Type: Cigarettes Cigars Pipe Chew Patch Nicorette Gum E-Cigarette Vape
Frequency: _____ Date Last Used _____
Current Alcohol Use: Type _____ Number of Drinks: _____ Per _____ Day _____ Week Date Last Used: _____

- 1) Please indicate when the Angioplasty (PTCA) was performed month and year; if history of additional angioplasties have been performed indicate month and year?

- 2) How many arteries was the procedure performed on? 1 2 3 4 5 6 or more

- 3) What condition preceded the coronary angioplasty? Check all that apply
 Myocardial infraction (heart attack) Chest Pain (Angina pectoris) Extreme fatigue Irregular stress EKG
 Coronary thrombosis/occlusion Coronary insufficiency Stroke Other _____
- 4) Since the angioplasty has the patient had any of the following? **If yes; please provide copy of the tests results for review:** Chest pain Stress EKG date & results: _____
 Echocardiogram date & results: _____ what was ejection fraction _____
 Other tests or symptoms: _____
- 5) Is there family history of heart disease or cancer? Yes No If yes; provide details including relationship to yourself, age of onset, type and current age or date of death

- 6) Please indicate the most recent blood pressure readings:
_____/____/____
- 7) What are most current Cholesterol Readings? below 200 200 to 225 226 to 260 261 to 300 above 300
- 8) Do you exercise three or more times per week on a regular basis? Yes No If yes; provide details

- 9) Have you made any lifestyle changes to improve your overall health? Yes No If yes; provide details

- 10) Are you being treated for any other medical conditions? Yes No If yes; provide details

- 11) Please list all current medications, dosages and what condition the medication is treating

Please use additional pages if needed

2633 E. Indian School Road, Suite 410
Phoenix, Arizona 85016
P: 602-494-9500 P: 800-516-0283
F: 602-494-0500

