

Underwriting Questionnaire Angina (Chest Pain)



Producer Name _____ Phone _____ Date _____

Client Name _____ Date of Birth _____

Male Female Face Amount _____ Max Premium \$ _____ /yr.

Term Permanent Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)? Yes No

Frequency _____ Date of last use _____ Type _____

If your client has had chest pain or angina, please answer the following:

Date of first occurrence _____

Is the client on any medications (including aspirin)

Yes (details) _____

No

Has the client had any of the following tests

(check all that apply)

Angiography

Stress EKG

MUGA Scan

Thallium Stress EKG

Resting EKG

Ultrafast CT

Stress Echocardiogram

Check if the client has had any of the following

Abnormal Lipid Levels Family History of Heart Disease

Diabetes

High Blood Pressure

Elevated Homocysteine

Provide the dates and details for the following (if applicable)

Heart Attack(s) _____

Bypass Surgery(s) _____

Number of Vessels _____

Angioplasty(s) _____

Number of Vessels _____

List any other major health problems the client has:

Please submit the actual tracings and results of all stress electrocardiograms and any further testing if done (thallium, echo, or angiogram).