Angina

Please answer all questions applicable to the client's medical history.

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
☐ MUGA Scan
☐ Resting EKG
☐ Stress Echocardiogram
☐ Stress EKG
☐ Thallium Stress EKG
☐ Ultrafast CT

Check if the client has had any of the following

☐ Abnormal Lipid Levels
☐ Diabetes
☐ Elevated Homocysteine
☐ Family History of Heart Disease
☐ High Blood Pressure

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).