



Coronary Artery Disease Questionnaire

Name: _____ Date of Birth: _____

Height: _____ Weight: _____ Sex: M/F

Tobacco Usage: _____ Face Amount: _____

____ Term 10 15 20 30 ____ UL

1. Name and address of your Cardiologist, as well as the date of your last visit: _____

2. Have you been told that you have either of the following?
____ Angina Pectoris ____ Myocardial Infarction
(If so, please provide Hospital, date, and date of episode): _____

3. How often do you get symptoms (chest pain or discomfort)? ____ Month ____ Year

4. a. Date of most recent Treadmill Stress Electrocardiogram? _____
b. What were you told about the results? ____ Normal ____ Abnormal
c. Name and address of the Hospital where they were performed: _____

5. Have you been advised to, or have had the following tests?
(If so, please provide date, name, and address of facility)
____ Cardiac Catheterization _____
____ Coronary Angioplasty _____
____ Coronary Artery Bypass Surgery _____

6. How long were you out of work due to conditions in questions #2 and #5? _____

7. Is the proposed insured taking any medication for this condition or any other? ____ Yes ____ No
(If yes, please provide the name, dosage, and frequency):

Name: _____ Dosage: _____ Frequency: _____

Name: _____ Dosage: _____ Frequency: _____

8. Please indicate the date and findings of the following (recent) tests:
____ Blood pressure check _____
____ Cholesterol _____

9. Do you use tobacco in any form? ____ Yes ____ No (If yes please provide details): _____

10. Is the proposed insured on a special diet? ____ Yes ____ No (If yes, please provide details): _____

11. Is there any family history of high blood pressure or heart disease? ____ Yes ____ No
(If yes, please provide details): _____