

Heart By-pass & Angioplasty Questionnaire

Name: _____ Date of Birth: _____

Height: _____ Weight: _____ Sex: M F

Tobacco Usage: _____ Face Amount: _____
____Term 10 15 20 30 ____UL

1. When did the proposed insured have heart valve replacement surgery?

2. What was the underlying condition that preceded the surgery? _____

3. What kind of valve was used in the replacement:
____ plastic or metal mechanical valve
____ bioprosthetic valve (pig valve)
4. Any restrictions of activities? ____Yes ____No. If yes please provide details:

5. Is the proposed insured taking any medication? ____Yes ____No.
If yes, please provide name, dosage and frequency.

6. Did the proposed insured smoke prior to surgery? ____Yes ____No
If yes, when did they quit? _____
7. Does the proposed insured have any family history of heart disease? ____Yes ____No.
If yes, please provide the relationship to the proposed insured and the date of onset
and/or death:

8. Has the proposed insured been diagnosed with any of the following conditions:
____Coronary Artery Disease ____Abnormal heart rhythms/arrhythmia
____Cardiomyopathy ____Heart Valve Disease
____Other ____Mitral Valve Prolapse