

CORONARY BYPASS

CLIENT NAME: Male Female Date of birth: Tobacco Use: Never used Tope of Coverage: Term U Coverage Amount:	Height otally stopped Date sto L □ Survivor Ty	opped: ype of Coverage: nticipated Prem	Date: Weight: Use now Type of nicotine product: erage: □ Term □ UL □ Survivor UL Premium: ILY HISTORY		
Has proposed insured had a parent, brother or sister who had cancer, diabetes, stroke, heart or kidney disease or who committed suicide? If yes, use separate sheet to provide this information, including age of onset and date of death					
PROPOSED INSURED'S EXISTING INSURANCE					
Full Name of Company	Face Amount		Year Issued		Is Policy to be Replaced?
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1. List date(s) of diagnosis and type of coronary artery disease:					
2. Does client's family have any history of heart disease? \square No \square Yes; list family member(s) and details					
3. Has client had any of the following?: Heart attack Date: / Heart failure Date: / Coronary angioplasty (PTCA) Date: / Leart failure Da					
8. Has client had any of the following?: Abnormal lipid levels Irregular heart beats Elevated homocysteine Overweight Elevated cholesterol High blood pressure Diabetes Peripheral vascular disease Cerebrovascular or carotid disease 9. Is client on any medications now? (accurate name, dosage, and reason)					
(Accurate) Name of Medication		Dosage	Reason		
10. Does client have any other health issues? (additional questionnaires may be required) \square No \square Yes; please give details					