

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).