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	Туре	2
If your client has had chest pain or angina, please answer the following:			
Date of first occurrence			
Is the client on any medica Yes (details) No	ations (including aspirin)		
Has the client had any of t (check all that apply) Angiography MUGA Scan Resting EKG	Stress EKG Thallium Stress EKG	Check if the client has had any o Abnormal Lipid Levels Diabetes Elevated Homocysteine	Family History of Heart Disease
Provide the dates and details for the following (if applicable)			
Heart Attack(s)			
Bypass Surgery(s)			
Number of Vessels			
Angioplasty(s)			
Number	r 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).

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