



Cardiac Disease

Please answer all questions applicable to the client's medical history.

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 _____

Has the client had a heart attack? Yes No
If yes, provide date _____

Provide dates if any of the following tests have been completed

- | | |
|--|---|
| <input type="checkbox"/> Resting EKG _____ | <input type="checkbox"/> Stress test _____ |
| <input type="checkbox"/> Stress thallium _____ | <input type="checkbox"/> Echocardiogram _____ |
| <input type="checkbox"/> Stress echo _____ | <input type="checkbox"/> EBCT (CT of the heart) _____ |
| <input type="checkbox"/> Other _____ | |

Provide dates and results of any surgical procedures

- Bypass (CABG) _____
- Angioplasty (PTCA) _____
- Coronary artery stents _____

How many vessels are involved 1 2 3 or more Which vessels _____

What conditions has the client been diagnosed with

- Diabetes Age of onset _____ Recent A1c result _____
- High blood pressure Most recent reading _____
- Irregular heartbeat
- Other arterial disease Carotid Peripheral Vascular Cerebrovascular

Does the client take any current medications, including preventative aspirin Yes No

Name of Medication (prescription or otherwise)	Dates Used	Quantity Taken	Frequency Taken

Does the client engage in any regular exercise or sporting activity Yes No If yes, provide details _____

List any other major health problems the client has: _____