EMG
Insurance Brokerage
An Insurance Designers member since 1987

HEART DISEASE TREATMENT ANGIOPLASTY QUESTIONNAIRE

Agent: _____ Phone: _____ Fax: _____

Proposed Insured Name: _____ ☐ M ☐ F Date of birth: _____

Face Amount: _____ Max. Premium: $ _____/ year ☐ UL ☐ WL ☐ Term ☐ Survivorship

Do you currently smoke cigarettes? ☐ Y ☐ N If no, did you ever smoke: ☐ Never ☐ Quit (Date): _____

Do you currently use any other tobacco products (e.g. nicotine patch, cigars, pipe, snuff, Nicorette gum...): ☐ Y ☐ N

If Yes, please provide details: _____

When did you last use any form of tobacco: ____ (Month) _____ (Year) Type used last: _____

Height: _____ ft. _____ in. Weight: _____ lbs.

(1) Provide date(s) or frequency of episode(s) of symptoms that have lead to the angioplasty:

(a) Angina pectoris: _____

(b) Coronary thrombosis/occlusion: _____

(c) Coronary insufficiency: _____

(d) Myocardial infraction (heart attack): _____

(2) Provide dates if any of the following tests or revascularization procedures have been done?

☐ Resting EKG: _____ ☐ Stress EKG: _____

☐ Thallium Stress EKG: _____ ☐ Echocardiogram: _____

☐ Coronary Catheterization: _____ ☐ Coronary Angioplasty: _____

☐ Percutaneous transluminal angioplasty (PTCA): _____ ☐ Directional Coronary Atherectomy: _____

☐ Rotational Atherectomy: _____ ☐ Coronary Artery Stents: _____

☐ Laser treatment: _____ ☐ Perfusion Balloon Catheter: _____

☐ Bypass Surgery: _____ Number of vessels involved: _____

☐ Other: _____

(3) Please check if the proposed insured ha been diagnosed with the following conditions:

☐ Elevated Cholesterol - most recent known level: _____ High blood pressure - most recent reading: _____

☐ Diabetes - age of onset: _____ Recent A1C test result: _____ (also, please ask for our Diabetes Questionnaire)

☐ Family history of heart disease. If yes, who and at what age(s) diagnosed: _____

☐ Other: _____

(4) Does the proposed insured take any current medications, including preventative aspirin? ☐ No ☐ Yes Details:

Name of medication (prescription or otherwise)	Dates used	Quantity taken	Frequency taken

(5) Does the proposed insured follow a specific diet (e.g. vegetarian) or take dietary supplements (vitamins, folic acid, etc.)?

☐ No ☐ Yes Details: _____

(6) Does the proposed insured engage in any regular exercise or sporting activity?

☐ No ☐ Yes Details: _____

(7) Are there any other conditions that may impact life underwriting? If yes, please describe: _____

_____

_____