CORONARY ARTERY DISEASE

CLIENT NAME: _____ **Date:** _____

☐ Male ☐ Female Date of birth:_____ Height:_____' _____" Weight: _____

Tobacco Use: ☐ Never used ☐ Totally stopped Date stopped:_____ ☐ Use now Type of nicotine product:_____

Type of Coverage: ☐ Term ☐ UL ☐ Survivor **Type of Coverage:** ☐ Term ☐ UL ☐ Survivor

Coverage Amount: _____ **Anticipated Premium:** _____

FAMILY 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?

1. List date(s) of diagnosis and type of coronary artery disease:

_____

_____

2. Does client's family have any history of heart disease? ☐ No ☐ Yes; list family member(s) and details

_____

_____

3. Has client had any of the following?:

☐ Heart attack Date: _____ /_____ /_____
☐ Coronary angioplasty (PTCA) Date: _____ /_____ /_____
☐ Heart failure Date: _____ /_____ /_____
☐ Valve surgery Date: _____ /_____ /_____
☐ Bypass surger Date: _____ /_____ /_____

4. Has client had any of the following?:

☐ Abnormal lipid levels
☐ Overweight
☐ High blood pressure
☐ Irregular heart beats
☐ Elevated cholesterol
☐ Diabetes
☐ Elevated homocysteine
☐ Peripheral vascular disease
☐ Cerebrovascular or carotid disease

6. Is client on any medications now? (accurate name, dosage, and reason)

(Accurate) Name of Medication	Dosage	Reason

7. Does client have any other health issues? (additional questionnaires may be required) ☐ No ☐ Yes; please give details

_____

_____

CORONARY ARTERY DISEASE

NAILBA
NAILBA University

CLIENT NAME: _____ **Date:** _____

☐ Male ☐ Female Date of birth:_____ Height:_____' _____" Weight: _____

Tobacco Use: ☐ Never used ☐ Totally stopped Date stopped:_____ ☐ Use now Type of nicotine product:_____

Type of Coverage: ☐ Term ☐ UL ☐ Survivor **Type of Coverage:** ☐ Term ☐ UL ☐ Survivor

Coverage Amount: _____ **Anticipated Premium:** _____

FAMILY 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?

1. List date(s) of diagnosis and type of coronary artery disease:

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2. Does client's family have any history of heart disease? ☐ No ☐ Yes; list family member(s) and details

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☐ Heart attack Date: _____ /_____ /_____
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4. Has client had any of the following?:

☐ Abnormal lipid levels ☐ Diabetes
☐ Overweight ☐ Elevated homocysteine
☐ High blood pressure ☐ Peripheral vascular disease
☐ Irregular heart beats ☐ Cerebrovascular or carotid disease
☐ Elevated cholesterol

6. Is client on any medications now? (accurate name, dosage, and reason)

(Accurate) Name of Medication	Dosage	Reason

7. Does client have any other health issues? (additional questionnaires may be required) ☐ No ☐ Yes; please give details

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_____