ANGIOPLASTY

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 UL

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 the date(s) of the angioplasty (PTCA): _____

2. How many vessels required the procedure? _____

3. Why was an angioplasty done? (give specific details)

_____

_____

4. Does client's family have any history of heart disease? ☐ No ☐ Yes

5. Has client had either of the following? ☐ Heart attack _____(date), ☐ Bypass surgery _____(date)

6. Has a follow-up stress (exercise) ECG been completed since procedure?

☐ Yes. normal _____ (date) ☐ Yes. abnormal _____ (date) ☐ No

7. Has client had any chest discomfort since the procedure? ☐ No ☐ Yes; please give details

_____

_____

8. Has client had any of the following?

☐ abnormal lipid levels ☐ diabetes ☐ overweight ☐ elevated homocysteine ☐ high blood pressure ☐ peripheral vascular disease
☐ irregular heart beats ☐ cerebrovascular ☐ carotid disease

9. Please list current medications (including aspirin), (accurate name, dosage, and reason):

(Accurate) Name of Medication	Dosage	Reason

10. Are there any other health issues? (additional questionnaires may be required) ☐ No ☐ Yes; please give details

_____

_____

