HEART DISEASE TREATMENT-BYPASS 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. cigars, pipe, snuff, nicotine patch, Nicorette gum...): ❒ Y ❒ N
If Yes, please provide details: _____
When did you last use any form of tobacco: _____ (Month) _____ (Year) Type used last: _____

(1) Date(s) or frequency of episode(s) of symptoms relating to the bypass surgery (CABG):

(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 that have been done?

☐ For your bypass, was the mammary artery used? ☒ Y ☒ N How many vessels were bypassed? _____
Date of surgery: _____

☐ 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: _____
☐ Other: _____

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

☐ Elevated Cholesterol - most recent known level(s): _____ ☐ 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: _____