

To help you obtain competitive life insurance quotes, please provide information on your medical history and other factors that may impact underwriting. This preliminary inquiry is not an actual application for insurance and does not guarantee any coverage will be offered. This information is held confidential and released only to authorized recipients.

Name:		Date:	
Date of birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Height:	' " Weight: lbs.

1. Date of most recent procedure:
2. Was it Coronary Bypass or Angioplasty? <input type="checkbox"/> Coronary Bypass <input type="checkbox"/> Angioplasty
3. Did you have previous procedures? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, dates(s):
4. How many and which specific vessels were bypassed?
5. Do you know your current ejection fraction? <input type="checkbox"/> Yes % <input type="checkbox"/> No
6. Any symptoms after surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what kind of symptoms?
7. Date of last follow-up care:
8. Date of latest treadmill EKG:
9. Was a thallium or stress echocardiogram done? <input type="checkbox"/> Yes When? <input type="checkbox"/> No What were the results?
10. Was a follow-up catheterization done? <input type="checkbox"/> Yes When? <input type="checkbox"/> No
11. Have you had any chest discomfort since the procedures? <input type="checkbox"/> Yes <input type="checkbox"/> No