



## CORONARY ARTERY DISEASE QUESTIONNAIRE

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Cigarette Smoker:  Yes  No Quantity per day: \_\_\_\_\_

1. Which of the following procedures was completed (check all that apply):

Coronary Artery Bypass Graft (CABG)

Date (month & year): \_\_\_\_\_

Angioplasty / Stent

Date (month & year): \_\_\_\_\_

Other (details): \_\_\_\_\_

Date (month & year): \_\_\_\_\_

2. How many arteries were involved? \_\_\_\_\_

3. Have you had a heart attack?  Yes  No

If yes, give date(s) (month & year): \_\_\_\_\_

4. Last cholesterol reading (if known): \_\_\_\_\_

5. Date of last stress test (month and year) and results: \_\_\_\_\_

\_\_\_\_\_

6. List all medications currently being taken: \_\_\_\_\_

\_\_\_\_\_

Name of physician with cardiac records: \_\_\_\_\_

Address: \_\_\_\_\_

Date last seen: \_\_\_\_\_

Notes/comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Proposed Insured: \_\_\_\_\_ Date: \_\_\_\_\_