



**CARDIAC CATHETERIZATION
PRELIMINARY UNDERWRITING QUESTIONNAIRE**

Client:

Gender: M F **DOB:**

Height:

Weight:

Coverage Desired?

Amount?

Plan Desired?

If your client has had a Cardiac Catheterization, please answer the following:

CARDIAC HISTORY

- 1. What was the date(s) of any catheterization(s)?**
- 2. Has your client had any of the following? *Select all that apply and provide date.***
 Heart attack (date)
 Bypass surgery (date)
 Angioplasty (date)
- 3. Has your client had any of the following? *Select all that apply.***
 History of chest pain
 Diabetes
 Lipid disorder
 Family history of heart disease
 Overweight
 High blood pressure

CURRENT STATE

- 4. Please list current medications:**
- 5. Has your client smoked cigarettes in the last 12 months?** Yes No
- 6. Does your client have any other major health problems (ex: cancer, diabetes, etc.)?** Yes No
If yes, please give details:

Please submit a copy of the catheterization report(s).

ADDITIONAL COMMENTS

Do you have any additional comments?

Advisor:

Date:

For more information, contact:
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