



EVALUATION OF CORONARY ARTERY DISEASE
PRELIMINARY UNDERWRITING QUESTIONNAIRE

Client:

Gender: M F DOB:

Height:

Weight:

Coverage Desired?

Amount?

Plan Desired?

If your client has had an Evaluation of Coronary Artery Disease, please answer the following:

HEART HISTORY

1. If your client has had a stress ECG, please list the date(s):

2. Was the stress ECG? normal abnormal borderline

3. Was any other testing completed?

Thallium stress ECG normal abnormal
Stress echocardiogram normal abnormal
Coronary angiogram normal abnormal

4. Has your client had any of the following? Select all that apply.

- History of chest pain
Elevated cholesterol
Overweight
Diabetes
Family history of heart disease
High blood pressure

5. Has your client had any of the following? Select all that apply and provide details.

Heart attack(s) (dates)
Bypass surgery(ies) (dates) (# of vessels) (% blocked)
Angioplasty(ies) (dates) (# of vessels) (% blocked)

CURRENT STATE

6. Please list current medications:

7. Has your client smoked cigarettes in the last 12 months? Yes No

8. Does your client have any other major health problems (ex: cancer, etc.)? Yes No

If yes, please give details:

Please submit the actual tracings and results of all stress electrocardiograms and any further testing if done (thallium, echo or angiogram).

ADDITIONAL COMMENTS

Do you have any additional comments?

Advisor:

Date:

For more information, contact:
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