



## Field Underwriting Questionnaire - Heart Disorders

Name: \_\_\_\_\_

Male  Female    DOB \_\_\_\_\_

Height \_\_\_\_\_    Weight \_\_\_\_\_

Smoker?     Yes     No

Amount \_\_\_\_\_  UL/WL     Term

1. Which of the following procedures was completed? Check all that apply.
  - Coronary bypass
  - Angioplasty (go to question #7)
  
2. If a coronary bypass was performed, when?
 

month/year \_\_\_\_\_

If a second coronary bypass was performed, please indicate month/year \_\_\_\_\_
  
3. How old was the applicant when the surgery was performed? \_\_\_\_\_
  
4. How many grafts were performed?
  - One
  - Two or three
  - Four or more
  
5. Give names and address of all physicians/hospitals with complete medical records

\_\_\_\_\_  
\_\_\_\_\_

6. Indicate type of grafts used.
  - saphenous vein (from legs)
  - internal mammary artery
  - both

If applicant had angioplasty in addition to bypass please answer question 7 and 8. If not, please go to #9.

7. Coronary angioplasty; when was procedure performed?  
month/year \_\_\_\_\_
  
8. The procedure was performed on:
  - a single artery
  - more than one artery
  
9. What conditions preceded the coronary bypass or the angioplasty? Check all that apply.
  - Heart attack
  - Chest pain
  - Irregular stress EKG
  - Extreme fatigue
  - Other \_\_\_\_\_

10. Since the coronary bypass or angioplasty, has the applicant had any of the following?
  - chest pain
  - irregular stress EKG
  - none of the above

11. Approximate date of last stress EKG?
  - within the past 12 months
  - 1 to 2 years
  - 3 years or more
  
12. Last cholesterol reading? \_\_\_\_\_
  
13. Last blood pressure reading? \_\_\_\_\_
  
14. Has either parent, or any sibling died before age 65, other than by accident?
  - Yes     No

If yes, list cause: \_\_\_\_\_

15. Do you exercise regularly 3 or 4 times per week?  Yes     No
  
16. Please list any other illness or impairment.
 

\_\_\_\_\_

\_\_\_\_\_

17. Please list all medications currently being taken. \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Agent \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_