

The Thompson Agency of New England

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 _____ Phone _____ Fax _____

Address _____
