

## 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 \_\_\_\_\_

\_\_\_\_\_