MEDICAL HISTORY QUESTIONNAIRE: ANGIOPLASTY

Client Name: _____ Date of Birth: _____

Gender: ☐ Male ☐ Female Height: _____ Weight: _____

Tobacco Usage:

☐ Never

☐ Former Date Stopped: _____

☐ Current Type: _____

Coverage Information:

Type: ☐ Term ☐ UL ☐ IUL ☐ WL ☐ VUL ☐ Survivorship

Face Amount: _____

Premium Tolerance: _____

Proposed Insured's Existing Insurance			
Insurance Company	Face Amount	Year Issued	Replacement (Yes/No)

1. List the date(s) of the angioplasty (PTCA): _____

2. How many vessels required intervention? _____

3. Why was the angioplasty done? (Please provide specific detail. Attach additional sheets as needed.)

4. Does client's family have any history of heart disease? ☐ No ☐ Yes

5. Has the client had either of the following?

☐ Heart Attack: ☐ No ☐ Yes If Yes, date: _____

☐ Bypass Surgery: ☐ No ☐ Yes If Yes, date: _____

6. Has a follow-up stress test been completed since recovery?

☐ No

☐ Yes, Normal Date: _____

☐ Yes, Abnormal Date: _____

7. Has the client had any chest discomfort since the procedure? ☐ No ☐ Yes

If yes, please provide details:

8. Has the client had any of the following?

☐ Abnormal lipid levels ☐ Carotid Disease ☐ Cerebrovascular Disease

☐ Diabetes ☐ Elevated Homocysteine ☐ High Blood Pressure

☐ Irregular Heartbeat ☐ Overweight ☐ Peripheral Vascular Disease

9. Please list current medications (including aspirin):

Name of Medication	Dosage	Reason

10. Are there any other health issues? (Additional Questionnaires may be required) ☐ No ☐ Yes

If yes, please provide details: