



## J.L. Thomas & Company

A LIFEMARK PARTNER

The strength of many. The power of one.

### Angina - Ask "Rx" pert underwriter (ask our experts)

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

Client \_\_\_\_\_ Age/DOB \_\_\_\_\_ Sex \_\_\_\_\_

If your client has had Chest Pain or Angina, please answer the following:

1. Please list date when first occurred: \_\_\_\_\_

2. Is your client on any medications (including aspirin)

yes, please give details \_\_\_\_\_

no

3. Has your client had any of the following tests? (please check all that apply)

Resting EKG

Stress Echocardiogram

Thallium Stress EKG

Ultrafast CT

Angiography

Muga Scan

Stress EKG

4. Please check if your client has had any of the following

High Blood Pressure

Family History of Heart Disease

Diabetes

Abnormal Lipid Levels

Elevated Homocysteine

5. Please provide the client's most recent readings for:

Heart Attack(s); please give dates \_\_\_\_\_

Bypass Surgery(ies); please give dates \_\_\_\_\_

# of vessels \_\_\_\_\_

Angioplasty(ies); please give dates \_\_\_\_\_

# of vessels \_\_\_\_\_

6. Has your client smoked cigarettes in the last 12 months

yes, please give details \_\_\_\_\_

no

7. Does your client have any other major health problems (ex: cancer, etc.)?

yes, please give details \_\_\_\_\_

no