



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