



J.L. Thomas & Company

A LIFEMARK PARTNER

The strength of many. The power of one.

Cardiac Catheterization - Ask "Rx" pert underwriter (ask our experts)

Producer _____ Phone _____ Fax _____

Client _____ Age/DOB _____ Sex _____

If your client has had cardiac catheterization please answer the following:

1. Please list date(s) of any catheterization(s)

2. Has your client had any of the following:

heart attack _____ (date)

bypass surgery _____ (date)

angioplasty _____ (date)

3. Is your client on any medication?

yes, please give details _____

no

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

history of chest pain diabetes

lipid disorder family history of heart disease

overweight high blood pressure

5. Has your client smoked cigarettes in the last 12 months?

yes

no

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

yes, please give details _____

no

Please submit a copy of the cardiac catheterization report(s).