J.L. Thomas & Company, Inc.
Life Insurance Brokerage
A LIFEMARK PARTNER

# CORONARY ARTERY DISEASE

**CLIENT NAME:** _____ **Date:** _____

☐ Male ☐ Female Date of birth: _____ Height: _____' _____" Weight: _____

**Tobacco Use:** ☐ Never used ☐ Totally stopped Date stopped: _____ ☐ Use now Type of nicotine product: _____

**Type of Coverage:** ☐ Term ☐ UL ☐ Survivor **Type of Coverage:** ☐ Term ☐ UL ☐ Survivor UL

**Coverage Amount:** _____ **Anticipated Premium:** _____

## FAMILY HISTORY

Has proposed insured had a parent, brother or sister who had cancer, diabetes, stroke, heart or kidney disease or who committed suicide?

***If yes, use separate sheet to provide this information, including age of onset and date of death***

| PROPOSED INSURED'S EXISTING INSURANCE | | | |
|---|---|---|---|
| Full Name of Company | Face Amount | Year Issued | Is Policy to be Replaced? |
| | | | |
| | | | |

1. List date(s) of diagnosis and type of coronary artery disease: _____

_____

2. Does client's family have any history of heart disease? ☐ No ☐ Yes; list family member(s) and details

_____

_____

_____

_3. Has client had any of the following?:

☐ Heart attack Date: _____
☐ Coronary angioplasty (PTCA) Date: _____
☐ Heart failure Date: _____
☐ Valve surgery Date: _____
☐ Bypass surgery Date: _____

4. Has client had any of the following?:

☐ Abnormal lipid levels
☐ Overweight
☐ High blood pressure
☐ Irregular heart beats
☐ Elevated cholesterol
☐ Diabetes
☐ Elevated homocysteine
☐ Peripheral vascular disease
☐ Cerebrovascular or carotid disease

6. Is client on any medications now? (accurate name, dosage, and reason)

| (Accurate) Name of Medication | Dosage | Reason |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

7. Does client have any other health issues? (additional questionnaires may be required) ☐ No ☐ Yes; please give details

_____

_____