



CORONARY ARTERY DISEASE

Client Name: _____ DOB: _____

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

2. Does client's family have any history of heard disease? *(list family member, diagnosis, age at diagnosis, current age; if deceased, cause & age at death)*

3. Has client had any of the following?

heart attack, date: _____

hearth failure, date: _____

valve surgery, date: _____, which valves? _____

bypass surgery, date: _____, which vessels? _____

coronary angioplasty (PTCA), date: _____, which vessels? _____

4. Has client had any of the following?

diabetes

elevated cholesterol

high blood pressure

peripheral vascular disease

overweight

elevated homocysteine

irregular heart beat

cerebrovascular or carotid artery disease

abnormal lipid levels

5. What medications is client on? *(name, dosage, and reason for taking)*

6. Are there any other health problems? Give details. *(additional questionnaires may be necessary)*

*****Please submit the Client Information Questionnaire with this form.*****

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