

QUICK QUOTE FOR CORONARY ANGIOPLASTY/STENT PLACEMENT

CLIENT: NAME _____ / M F / DOB _____ AGE _____ / HT _____ WT _____ / STATE _____

AMT. REQUESTED \$ _____ / MAX. ANNUAL PREMIUM \$ _____ / TYPE OF INS. UL TERM YRS. LVL _____

TOBACCO USE NO YES, TYPE _____ / REPLACEMENT YES NO / CURRENT ANN. PREM. \$ _____

LAST LIFE INSURANCE APP. YEAR _____ COMPANY _____ ACTION _____

OCCUPATION _____ / MARITAL STATUS SINGLE MARRIED WIDOWED DIVORCED

FAMILY HISTORY –
AGE, IF STILL LIVING: FATHER _____ MOTHER _____ SIBLING 1 _____ SIBLING 2 _____ SIBLING 3 _____

IF ANY DECEASED, PROVIDE RELATION, AGE AND CAUSE OF DEATH _____

HAVE ANY OF YOUR FAMILY MEMBERS BEEN DIAGNOSED WITH CANCER, DIABETES OR HEART DISEASE PRIOR TO AGE 60? IF YES, PROVIDE RELATION, ILLNESS AND AGE OF ONSET _____

DRIVING RECORD - # OF VIOLATIONS IN PAST 3 YEARS _____ / # OF DUI / RECKLESS DRIVING PAST 5 YEARS _____

DO YOU EXERCISE 3 OR MORE TIMES PER WEEK? NO YES, DETAILS _____

DATE OF LAST MEDICAL CHECKUP _____ RESULTS _____

DATE OF LAST RESTING EKG _____ RESULTS _____

LAST BLOOD PRESSURE READING (EXAMPLE 140/80) _____ / ARE YOU TREATED FOR BLOOD PRESSURE? NO YES

LAST TOTAL CHOLESTEROL READING AND HDL READING _____ / ARE YOU TREATED FOR CHOLESTEROL? NO YES

AGENT: NAME _____ PHONE _____ FAX _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

CPS OFFICE ONLY: ENTER OFFICE NAME/LOCATION _____ FAX _____

1. DID YOU HAVE CORONARY ANGIOPLASTY AND/OR STENT PLACEMENT PERFORMED:

FOR ANGIOPLASTY: MONTH _____ YEAR _____
FOR STENT PLACEMENT: MONTH _____ YEAR _____

2. HOW MANY ARTERIES INVOLVED:
 1 2 3 4 5 6 OR MORE

3. IF KNOWN, INDICATE WHICH ARTERIES WERE INVOLVED (EXAMPLE: LAD, RCA, ETC.): _____

4. IF A SECOND PROCEDURE WAS PERFORMED, PLEASE PROVIDE THE FOLLOWING:

FOR ANGIOPLASTY: MONTH _____ YEAR _____
FOR STENT PLACEMENT: MONTH _____ YEAR _____

5. IF A 2ND PROCEDURE, HOW MANY ARTERIES INVOLVED:
 1 2 3 4 5 6 OR MORE

6. WHICH CONDITIONS PRECEDED THE ANGIOPLASTY AND/OR STENT PLACEMENT, PLEASE CHECK ALL THAT APPLY:

- HEART ATTACK
- CHEST PAIN
- STRESS TEST
- EXTREME FATIGUE
- OTHER _____

7. DATE OF LAST:

- CARDIAC FOLLOW-UP DATE _____ RESULTS _____
- RESTING EKG DATE _____ RESULTS _____
- STRESS TEST DATE _____ RESULTS _____
- NUCLEAR STRESS TEST DATE _____ RESULTS _____
- STRESS ECHO DATE _____ RESULTS _____

8. PLEASE LIST ALL CURRENT MEDICATIONS AND DOSAGES OF EACH:

9. LIST ANY OTHER ILLNESSES OR IMPAIRMENTS (COMPLETE ANY OTHER QUICK QUOTE FORMS THAT MAY APPLY):

