



1701 Research Boulevard
 Rockville, Maryland 20850
 (301) 279-4800
 (800) 638-8428

Quick Quote for Coronary Artery Disease (CAD)

GA/Broker: _____

GA Case #: _____
 (Assigned by GA)

Proposed Insured: Male Female Date of Birth _____

Family History:	Age if Living	Age at Death	Cause of Death
Mother	_____	_____	_____
Father	_____	_____	_____
Siblings	_____	_____	_____

Has client had any of the following?

- | | | |
|--|-----|----|
| Heart Attack(s) | Yes | No |
| Date(s): _____ | | |
| Bypass Surgery(ies) | Yes | No |
| Date(s): _____ Number of vessels: _____ | | |
| Angioplasty(ies) | Yes | No |
| Date(s): _____ Number of vessels: _____ | | |

List any other health problems:

Date of last EKG: _____ Results: Normal Abnormal

Has client had any other tests:

- | | | | |
|-----------------------------|------------|--------|----------|
| Thallium Stress | Date _____ | Normal | Abnormal |
| Stress Echocardiogram | Date _____ | Normal | Abnormal |
| Coronary Angiogram | Date _____ | Normal | Abnormal |

Has client been diagnosed with any of the following?

- | | | |
|---|-----|----|
| Elevated cholesterol | Yes | No |
| Diabetes | Yes | No |
| High blood pressure | Yes | No |
| Arrhythmia or other complication | Yes | No |
| Family history of heart disease or stroke | Yes | No |

List all medications including aspirin and vitamins:

Has client ever used tobacco or nicotine-based products? Yes No
 If yes, last date used _____

Does client have an exercise program? Yes No
 If yes, describe: _____

RETURN TO YOUR GENERAL AGENCY FOR PROCESSING