

CORONARY ARTERY DISEASE

AGENT NAME: _____

CLIENT NAME: _____ Date: _____

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

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

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