

## **CORONARY ARTERY DISEASE**

CLIENT NAME:			Date:	
□ Male □ Female Date of birth	: Height:	'" Weight:		
Tobacco Use: $\Box$ Never used $\Box$	Totally stopped Date stopped	Use nov	v Type of nicotine product:	
Type of Coverage: 🗆 Term 🛛	UL 🗆 Survivor Type of	<b>Coverage:</b> □ Term □ UL	Survivor UL	
Coverage Amount:	Anticip	ated Premium:		
	I	AMILY HISTORY		
			art or kidney disease or who committed suicide?	
lf yes, us	e separate sheet to provide th			
		RED'S EXISTING INSURANC		
Full Name of Company	Face Amount	Year Issue	d Is Policy to be Replaced?	
<ol> <li>List date(s) of diagnosis and type</li> </ol>	of coronary artery disease:			
2. Does client's family have any hist	any of boart diagona? 🗆 No	Vac: list family member(a)	and dataila	
2. Does cheft s family have any hist	ory of fleart disease? Lino	res; list family member(s)		
_3. Has client had any of the followi				
☐ Heart attack	•			
Coronary angioplasty (PTCA)				
$\Box$ Heart failure				
□ Valve surgery				
Bypass surgery				
4. Has client had any of the following	-			
Abnormal lipid levels	Diabetes			
Overweight	<ul> <li>Elevated homocysteine</li> <li>Peripheral vascular disease</li> </ul>			
<ul> <li>☐ High blood pressure</li> <li>☐ Irregular heart beats</li> </ul>		□ Cerebrovascular or carotid disease		
•				
Elevated cholesterol				
6. Is client on any medications now?	? (accurate name, dosage, and	reason)		
(Accurate) Name of Medication		e Reason		