

CORONARY ARTERY DISEASE QUESTIONNAIRE

Name:			Date of Birth:					
Heigh	nt	_ Weight	Cigarette	e Smoker: E	l Yes	□ No	Quantity per	day:
1. V	Which of the following procedures was completed (check all that apply):							
	1 Corona	ary Artery Bypas	ss Graft (CA	ABG)				
	Date (r	month & year): _			_			
	l Angiop	lasty / Stent						
	Date (r	month & year): _			_			
	Other ((details):						
	Date (r	month & year): _			_			
2. F	low mar	ny arteries were	involved? _		_			
3. F	Have you	u had a heart att	ack?	☐ Yes	□ No			
lf	yes, giv	ve date(s) (mont	h & year): _					
4. L	ast chol	esterol reading	(if known):		_			
5. E	Date of la	ast stress test (r	nonth and y	/ear) and re —	sults:			
6. L	ist all m	edications curre	•					
Name	e of phys	sician with cardi	ac records:					
Addre	ess:							
Date	last see	n:						
Notes	s/comme	ents:						
Signa	ature of	Proposed Insure	eq.				Date:	

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