



CORONARY ARTERY DISEASE QUESTIONNAIRE

Name: _____ Date of Birth: _____

Height _____ Weight _____ Cigarette Smoker: ☐ Yes ☐ No Quantity per day: _____

1. Which of the following procedures was completed (check all that apply):

☐ Coronary Artery Bypass Graft (CABG)

Date (month & year): _____

☐ Angioplasty / Stent

Date (month & year): _____

☐ Other (details): _____

Date (month & year): _____

2. How many arteries were involved? _____

3. Have you had a heart attack? ☐ Yes ☐ No

If yes, give date(s) (month & year): _____

4. Last cholesterol reading (if known): _____

5. Date of last stress test (month and year) and results:

6. List all medications currently being taken:

Name of physician with cardiac records: _____

Address: _____

Date last seen: _____

Notes/comments: _____

Signature of Proposed Insured: _____ Date: _____