



**American Brokerage Services, Inc.**

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803 Willow Grove Avenue

Wyndmoor, PA 19038

**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 and year) \_\_\_\_\_
  - Angioplasty/Stent \_\_\_\_\_  
Date (month and year) \_\_\_\_\_
  - Other (details) \_\_\_\_\_  
Date (month and year) \_\_\_\_\_

2. How many arteries were involved? \_\_\_\_\_

3. Have you had a heart attack?  Yes  No

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: \_\_\_\_\_

Witnessed by: \_\_\_\_\_