



## Angina

*Please answer all questions applicable to the client's medical history.*

Producer Name \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Client Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  Male  Female

Face Amount \_\_\_\_\_ Max Premium \$ \_\_\_\_\_ /yr.  Term  Permanent

Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)?  Yes  No

Frequency \_\_\_\_\_ Date of last use \_\_\_\_\_ Type \_\_\_\_\_

If your client has had chest pain or angina, please answer the following:

Date of first occurrence \_\_\_\_\_

Is the client on any medications (including aspirin)

Yes (details) \_\_\_\_\_  
 No

Has the client had any of the following tests  
(check all that apply)

- Angiography
- MUGA Scan
- Resting EKG
- Stress Echocardiogram
- Stress EKG
- Thallium Stress EKG
- Ultrafast CT

Check if the client has had any of the following

- Abnormal Lipid Levels
- Diabetes
- Elevated Homocysteine
- Family History of Heart Disease
- High Blood Pressure

Provide the dates and details for the following (if applicable)

- Heart Attack(s) \_\_\_\_\_
- Bypass Surgery(s) \_\_\_\_\_  
Number of Vessels \_\_\_\_\_
- Angioplasty(s) \_\_\_\_\_  
Number of Vessels \_\_\_\_\_

List any other major health problems the client has:

**Please submit the actual tracings and results of all stress electrocardiograms and any further testing if done (thallium, echo, or angiogram).**

### Questions?

**Call McGill Brokerage at (800)-279-0751 ext. 233 for Dan Dahl, 210 for Tim Simmons, and 228 for Gary Kay. Email questions or completed forms to [ddahl@mcgillbrokerage.com](mailto:ddahl@mcgillbrokerage.com), [tsimmons@mcgillbrokerage.com](mailto:tsimmons@mcgillbrokerage.com), and [gkay@mcgillbrokerage.com](mailto:gkay@mcgillbrokerage.com).**