



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)

- | | |
|--|--|
| <input type="checkbox"/> Angiography | <input type="checkbox"/> Stress EKG |
| <input type="checkbox"/> MUGA Scan | <input type="checkbox"/> Thallium Stress EKG |
| <input type="checkbox"/> Resting EKG | <input type="checkbox"/> Ultrafast CT |
| <input type="checkbox"/> Stress Echocardiogram | |

Check if the client has had any of the following

- | | |
|--|--|
| <input type="checkbox"/> Abnormal Lipid Levels | <input type="checkbox"/> Family History of Heart Disease |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Elevated Homocysteine | |

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?

Please call your McGill Brokerage Marketing Team at 800-279-0751.