

CORONARY ARTERY DISEASE QUESTIONNAIRE

Name:			Date of Birth:					
He	eight	Weight	Cigarette	Smoker: □	Yes	□ No	Quantity per d	ay:
1.	Which of the following procedures was completed (check all that apply):							
	☐ Coro	nary Artery Bypas	s Graft (CA	BG)				
	Date	(month & year): _			_			
	☐ Angio	pplasty / Stent						
	Date	(month & year): _			_			
	☐ Other	r (details):						
	Date	(month & year): _			_			
2.	How ma	any arteries were	involved? _		-			
3.	Have yo	ou had a heart att	ack?	□ Yes I	⊐ No			
	If yes, g	give date(s) (mont	h & year): _					
4.	Last ch	olesterol reading	(if known):					
5.	Date of	last stress test (n	nonth and y	rear) and res	sults:			
6.	List all r	medications curre						
Na	ime of ph	ysician with cardi	ac records:					
Ad	dress:							
Da	ite last se	een:						
No	tes/comn	ments:						
Sic	nature o	f Proposed Insure	5 4 .				Date:	
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