



# CORONARY BYPASS SURGERY PRELIMINARY UNDERWRITING QUESTIONNAIRE

Client:

Gender: M F DOB:

Height:

Weight:

Coverage Desired?

Amount?

Plan Desired?

*If your client has had Coronary Bypass Surgery, please answer the following:*

## HEART HISTORY

1. What was the date(s) of the bypass surgery?

2. How vessels were bypassed:

3. Has your client had any of the following? *Select all that apply and provide date.*

Heart attack (date)

Coronary Angioplasty (PTCA) (date)

Heart Failure (date)

Valve Surgery (date)

4. Has a follow-up stress (exercise) ECG been completed since the CABG?

Yes – normal (date)

Yes – abnormal (date)

No

5. Has your client had any chest discomfort since the bypass surgery? Yes No

*If yes, please give details:*

6. Has your client had any of the following? *Select all that apply.*

Abnormal lipid levels

Diabetes

Overweight

Elevated homocysteine

High blood pressure

Peripheral vascular disease

Irregular heart beats

Cerebrovascular or carotid disease

## CURRENT STATE

7. Please list current medications (including aspirin):

8. Has your client smoked cigarettes in the last 12 months? Yes No

9. Does your client have any other major health problems (ex: cancer, diabetes, etc.)? Yes No

*If yes, please give details:*

**Please submit a copy of the angiogram report and any recent stress tests.**

## ADDITIONAL COMMENTS

Do you have any additional comments?

Advisor:

Date:

For more information, contact:  
Advisors Financial Group  
5904 Six Forks Rd., Suite 105 | Raleigh, NC 27609  
Phone 800-334-1217 | Fax 919-844-2310  
Support@AFG.email  
www.underwritemycase.com