Moseley McGill
B R O K E R A G E

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Quick Quote
CORONARY ARTERY DISEASE

CLIENT NAME_____Sex_____DOB_____AGE_____HT_____WT_____

Amt. requested $_____ Type of Insurance UL_____Term_____WL_____ State_____

Tobacco_use? No____Yes____Type_____ Occupation_____

Family History: Age if still living: Father_____Mother_____Brothers_____Sisters_____

Any deceased? If so give relation, age and cause of death of each_____

Do you exercise regularly? Yes____No_____ Details_____

Date of last medical checkup_____Date of last EKG_____Results of EKGs_____

Are you treated for Hypertension? Yes_____No_____Last Blood Pressure Reading_____/_____

Are you treated for Cholesterol? Yes_____No_____Last Cholesterol HDL Readings_____/_____

Agent: Name_____Phone_____Email_____State_____

Date of diagnosis_____ When was the disease stabilized_____

Has client had (date of the occurrence—may need additional questionnaires completed)

Heart Attack_____ Angioplasty_____ Heart Failure_____
Valve surgery_____ Bypass Surgery_____

How many vessels (arteries) are involved_____ Circle which artery/ies were involved:

Right coronary (RCA)   Left Anterior Descending Artery (LAD)
Left Circumflex (LCX)   Left Main Coronary (LMCA)

Any current symptoms of chest pain or angina _____ Latest ejection fraction _____

When was the last follow up with their cardiologist _____

What tests were completed and the results_____

_____

List all medications, other illnesses or impairments. Complete any other Quick Quote forms

that may apply._____

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