

## **CORONARY BYPASS QUESTIONNAIRE**

**CLIENT:** NAME \_\_\_\_\_ /  M  F / DOB \_\_\_\_\_ AGE \_\_\_\_\_ / HT \_\_\_\_\_ WT \_\_\_\_\_ / STATE \_\_\_\_\_  
 AMT. REQUESTED \$ \_\_\_\_\_ / MAX. ANNUAL PREMIUM \$ \_\_\_\_\_ / TYPE OF INS.  UL  TERM YRS. LVL \_\_\_\_\_  
 TOBACCO USE  NO  YES, TYPE \_\_\_\_\_ / REPLACEMENT  YES  NO / CURRENT ANN. PREM. \$ \_\_\_\_\_  
 LAST LIFE INSURANCE APP. YEAR \_\_\_\_\_ COMPANY \_\_\_\_\_ ACTION \_\_\_\_\_  
 OCCUPATION \_\_\_\_\_ / MARITAL STATUS  SINGLE  MARRIED  WIDOWED  DIVORCED  
 FAMILY HISTORY - AGE, IF STILL LIVING: FATHER \_\_\_\_\_ MOTHER \_\_\_\_\_ SIBLING 1 \_\_\_\_\_ SIBLING 2 \_\_\_\_\_ SIBLING 3 \_\_\_\_\_  
 IF ANY DECEASED GIVE RELATION, AGE AND CAUSE, OF EACH \_\_\_\_\_  
 DRIVING RECORD - # OF VIOLATIONS IN PAST 3 YEARS \_\_\_\_\_ / # OF DUI / RECKLESS DRIVING PAST 5 YEARS \_\_\_\_\_  
 DO YOU EXERCISE 3 OR MORE TIMES PER WEEK?  NO  YES, DETAILS \_\_\_\_\_  
 DATE OF LAST MEDICAL CHECKUP \_\_\_\_\_ / DATE OF LAST EKG \_\_\_\_\_ AND RESULTS \_\_\_\_\_  
 LAST BLOOD PRESSURE READING (RESULTS) \_\_\_\_\_ / \_\_\_\_\_ / ARE YOU TREATED FOR BLOOD PRESSURE  NO  YES  
 LAST CHOLESTEROL READING, HDL READING (RESULTS) \_\_\_\_\_, \_\_\_\_\_ TREATED FOR CHOLESTEROL  NO  YES  
**AGENT:** NAME \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

**1. WHEN WAS THE BYPASS SURGERY PERFORMED:**

MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

IF A SECOND BYPASS WAS PERFORMED:

MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

**2. CLIENT'S AGE WHEN BYPASS WAS PERFORMED \_\_\_\_\_**

IF 2<sup>ND</sup> BYPASS, CLIENT'S AGE AT THAT TIME \_\_\_\_\_

**3. HOW MANY GRAFTS WERE PERFORMED?**

1  2  3  4  5  6 OR MORE

IF SECOND PROCEDURE, HOW MANY GRAFTS PERFORMED:

1  2  3  4  5  6 OR MORE

**4. INDICATE THE TYPE OF GRAFT(S) USED:**

- SAPHENOUS VEIN (FROM LEGS)  
 INTERNAL MAMMARY ARTERY  
 BOTH

*IF THERE WAS ANGIOPLASTY DONE IN ADDITION TO BYPASS SURGERY, PLEASE CONTINUE WITH QUESTION #5, IF NOT, SKIP TO QUESTION #8*

**5. WHEN WAS THE CORONARY ANGIOPLASTY PERFORMED:**

MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

IF A SECOND ANGIOPLASTY WAS PERFORMED:

MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

**6. HOW MANY ARTERIES WAS THE PROCEDURE PERFORMED ON?  1  2  3  4  5  6 OR MORE**

**7. WHICH CONDITIONS PRECEDED THE ANGIOPLASTY OR BYPASS (PLEASE CHECK ALL THAT APPLY):**

- HEART ATTACK  
 CHEST PAIN  
 IRREGULAR STRESS EKG  
 EXTREME FATIGUE

OTHER \_\_\_\_\_

**8. SINCE THE TIME OF THE ANGIOPLASTY OR BYPASS, HAS THE CLIENT EXPERIENCE EITHER OF THE FOLLOWING:**

- CHEST PAIN  
 IRREGULAR STRESS EKG

**9. APPROXIMATE DATE OF THE LAST EKG:**

- WITHIN THE LAST 6 MONTHS  
 6 MONTHS TO A YEAR AGO  
 MORE THAN A YEAR AGO

**10. LIST ANY OTHER ILLNESSES OR IMPAIRMENTS (COMPLETE ANY OTHER QUICK QUOTE FORMS THAT MAY APPLY) ALONG WITH ALL MEDS AND VITAMINS TAKEN (INCLUDE DOSAGE AND FREQUENCY):** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_