FPG
FINANCIAL PROFESSIONALS GROUP

Angina Questionnaire

Clear Form

Name DOB Gender Male

Desired face amount and type of coverage:		
Height and Weight:		
Date of or Age at Diagnosis:		
Has the client had any of the following? Check all that apply:	Heart disease/heart attack High blood pressure Elevated cholesterol Overweight/Obesity	Diabetes Abnormal lipid levels Cerebrovascular or carotoid disease Family history of heart problems
When was the last angina episode? How frequently do they occur?		
Was an electrocardiogram completed? If so, provide date and results:		
Has the client had any of the following procedures or treatments? Check all that apply and provide date(s), if applicable:	Medication Lifestyle changes Angioplasty/Stent Placement Bypass Surgery	Cardiac rehabilitation Enhanced External Counter-pulsation Therapy (EECP) Other:
Number of blocked vessels, if known:		
Medications currently being taken (provide dosage and frequency):		
Does the client currently smoke or ever smoked? If yes, provide date of last tobacco use:		
Has the client ever had any other major medical conditions? Provide diagnosis date, treatment, results, etc.		

Please return the completed form to your financial professional.

All quotes are tentative, and are NOT BINDING, and SUBJECT TO full underwriting which may include exams, labs, doctor records, and/or any other information obtained during the underwriting process.