INSURANCE DESIGNERS

Insurance Designers of Central Texas, LLC

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Heart Stent Questionnaire

Today's Date: **Agent:**

Full Name: **Male or Female?**

Height and weight: **Date of Birth:**

1. **Month and year stent(s) put in: _____**

2. **Which arteries and/or vessels were stented (Please ask your doctor if you are not sure)?**

   ___ Left main coronary artery (LMCA) (left main not usually stented)
   ___ Right coronary artery (RCA)
   ___ Left anterior descending artery (LAD)
   ___ Left circumflex artery (LCX)
   ___ Ramus intermedius
   ___ The diagonal and septal branches arising from the LAD
   ___ The obtuse marginals (OM) which arise from the LCX
   ___ The right ventricular branch and acute marginal which arise from the RCA
   ___ The posterior descending and the posterolateral

3. **What percent of blockage was found in each?**

   ___ <20% ___ <40% ___ <60% ___ <80% ___ <100%

4. **Was there a heart attack prior to the stent being put in? ___ Yes ___ No**

5. **When was your most recent cardiac workup and what test was it*?**

   ___ Nuclear stress test Date:_____
   ___ Stress echocardiogram Date:_____

   Results_____

   ***If you are able to get a copy of this test from your doctor, please fax it to us as it will help with getting a more solid tentative offer from the insurance company.**

6. **What medication do you take, reason, dosage and how often?**

(see next page)

7. **Has your weight remained stable in the past year? ___Yes ___ No**
   If no: Lost _____ pounds OR Gained _____ pounds

8. **Please indicate type of tobacco EVER used:**

Type:	Amount per (circle frequency):	Date last used:	Still use?
___Smokeless	___daily/monthly/yearly	_____	__Yes __ No
___Cigarettes	___per day/month/year	_____	__Yes __ No
___Cigar	___per day/month/year	_____	__Yes __ No
___Patch/Gum	___per day/month/year	_____	__Yes __ No

9. **Do you have any family history of heart disease? ___Yes ___ No**
   If yes, list member and current age or age deceased.