



4. Have any of the following test(s) been completed (please circle all that apply)?

Thallium stress ECG	Date:	Results:
Stress echocardiograms	Date:	Results:
Coronary Angiography	Date:	Results:
Echocardiogram	Date:	Results:
Chest X-Ray	Date:	Results:
Other(s)	Date:	Results:

Details:

5. If you have had Angina, MI, PTCA, or CABG, have you had a follow-up stress (exercise) EKG?      Yes      No

Details:

Date:

Results:

6. Have you had any chest discomfort since the MI, PTCA, or CABG?      Yes      No

7. Please list all medications that you are currently taking, and explain the reason for use:

8. Do you exercise on a regular basis?      Yes      No

Details:

9. Have you had any of the following (please circle all that apply)?

Cancer      Diabetes      Elevated cholesterol      High Blood Pressure      Overweight

10. Do you have a family history of heart disease (nearest relatives)?:

Relationship:	Age:	Living / Deceased ?
Relationship:	Age:	Living / Deceased ?
Relationship:	Age:	Living / Deceased ?
Relationship:	Age:	Living / Deceased ?

11. Name and address of your cardiologist and physician(s):

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Additional Information:

Date: \_\_\_\_\_

Insured's Signature: \_\_\_\_\_