Angina/Chest Pain History

Client Name ________________________________ Date of Birth _____/______/_______ Smoker Y N

Height _____' _____" Weight ___________ lbs. Amt. of ins $._______________ Type: Term Yrs._____ GUL UL WL

Have you ever been declined or rated for insurance? Y N Details:____

When did you first experience symptoms of Angina or Chest Pain? ________________

Was it associated with exercise, exertion, excitement, any other circumstance?________________________

If more than one attack, give frequency, duration, and date of last attack ________________

Has treatment been completed? Y N If YES, When?____

Have you had any of the following tests? Please **circle** all that apply

Resting EKG Stress Echocardiogram Ultrafast CT Angiography MOGA Scan

Do you have any of the following: Please check all that apply

High Blood Pressure____________________Abnormal Lipid Levels _______Family History of Heart Disease

Elevated Homocysteine ____

Do you have Diabetes? Y N When Diagnosed? ______________________________

If YES, what medication(s) are you taking? __________________________________

What have been your recent Blood Pressure readings?________Recent A1C_____________

What has been your recent Cholesterol readings? ________________________________

Have you had any of the following? Please check all that apply

Heart Attacks(s) Please give dates __________________________________

Bypass Surgery(s) Please give dates and number of vessels___________________________________

Angioplasty(s) Please give dates and number of vessels________________________________

Stent(s) Please give dates and number of vessels______

Please list all medications being taken: _______________________________________

Do you have any other major health problems? (example: cancer, etc)?____________________

Please also submit a copy of any recent Angiograms or Stress Tests

Broker Submitting Questionnaire: ____

Address____

Phone _________________________FAX: _________________________________

E-Mail ____

Please send completed Questionnaire to Victorson Associates, 321 E. Main St., Suite 6, Smithtown,NY 11787 or Scan and Email to Vainc@victorson.com or FAX to (631) 265-7054