

CORONARY **QUESTIONNAIRE**

CONFIDENTIAL

To be completed in English by the Medical Attendant of the life assured.

Full name of life assured

Date of birth (dd/mm/yyyy)

The life assured has given a history of coronary disease and we would appreciate your answers to the following questions.

1. Please describe the initial episode, including:

a) nature of episode

b) date

c) duration of acute symptoms

d) date of return to normal activities

2. Has myocardial infarction occurred?

Yes

No

If so, please indicate the site if known. e.g. anterior, inferior, antero-lateral, postero-lateral, subendocardial, etc.

3. If the history is one of angina pectoris, have symptoms always been non-disabling, of short duration and easily controlled?

4. Please give details and results of any investigations performed e.g. resting/exercise ECGs, cardiac enzyme levels, isotope imaging, angiography etc. Please mention the location and severity of coronary stenoses and the state of the left ventricular function, if known. Please provide copies of all tests done.

5. Has cardiac surgery been performed?

Yes No

If Yes, please provide the date and type of surgery e.g coronary artery bypass graft, coronary angioplasty and provide copies of the reports.

6. Please describe the subsequent course, including the dates, nature and duration of further symptoms.

7. How would you describe the applicant's current symptoms?

8. Is treatment still continuing?

Yes No

If Yes, please give details below.

9. Is there any other disorder of the cardiovascular system?

Yes No

If Yes, please give details below.

10. What are the patient's past and present smoking habits?

If you have any additional information which is relevant, or if there is insufficient space to complete any of the above questions, please continue here and/or on a separate sheet of paper.

Medical Attendant's full name (please print)

Qualifications

Signature of Medical Attendant

Date (dd/mm/yyyy)

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