



## Preliminary Risk Evaluation – Coronary Artery Disease

**Proposed Insured Name:** \_\_\_\_\_

\*Please submit this form with the Preliminary Risk Evaluation Questionnaire\*

### **Coronary Artery Disease:**

**When was Coronary Artery Disease diagnosed:** \_\_\_\_\_

**Advise “event” that led to diagnosis (circle):**

Heart Attack

Angina

Coronary Artery Aneurysm

Ischemic Cardiomyopathy

Abnormal Cardiac Testing

Please list all details regarding event: \_\_\_\_\_

**Was surgery completed:** Yes / No

**If yes, what surgery was completed (circle):**

Angioplasty with Stent (PTCA)

Coronary Bypass Graft (CABG)

**How many vessels are involved:** \_\_\_\_\_

**What vessels are involved (circle):**

Right Coronary Artery (RCA)

Left Circumflex (LCX)

Left Anterior Descending (LAD)

Left Main Coronary Artery (LMCA)

Other

**What is the extent (%) of blockage for each affected vessel:** \_\_\_\_\_

**What is the current Ejection Fraction percentage:** \_\_\_\_\_

**When was the most recent stress test and/or follow up with a Cardiologist and what were the results:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please list all medications and dosage:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_