# Stent Questionnaire

**Submit This Form with your application for better informed underwriting**

## Client Information

| **Client Name:** | | | | |
|---|---|---|---|---|
| **DOB:** | **Gender** | **Height** | **Weight** | **Marital Status** |
| **Occupation & Length of Employment:** | | | | |
| **Tobacco Use** | Never Used | Totally Stopped | Current User | |
| | | **Date Stopped** | **Type Used** | |
| **Type of Coverage** | Term | UL | Survivor | **Amount $** |

## Essential Information

| | | | | |
|---|---|---|---|---|
| 1 | When and where was the stent put in? | | | |
| 2 | What type of stent was put in? | | | |
| 3 | Why was the stent put in? | | | |
| 4 | How many vessels were involved? | | Was there a heart attack prior to the stent being put in? | ☐ Yes ☐ No |
| 5 | Has the applicant had an imaged stress test done | ☐ Yes ☐ No | If yes when and where? | |
| 6 | Is there a family history of heart disease? | ☐ Yes ☐ No | *If yes provide details* | |
| 7 | List current medications (accurate name, dosage and reason) | | | |
| 8 | Does the client have any other health issues | ☐ Yes ☐ No | *If yes provide details:* | |



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