

## Coronary Artery Disease Health Questionnaire — For Pre-Assessment

Only enter life insured policy Initials; do NOT enter full name (for Privacy Reasons).

Initials of life insured: Gender: Date of Birth / /

Smoking Status: Non-Smoker Ex-Smoker Smoker

Postcode of your Life Insured Height: cms Weight: kgs

Relationship Status: Married/Defacto Widowed Single

QuickCalc Reference Number (if applicable):

1. When did this condition begin?

2. What brought on this condition? (please tick below)

Chest Pain / Angina pectoris Acute coronary syndrome Heart attack No symptoms, routine check-up

3. Did the life insured undergo surgery? Yes No

If Yes, what type of surgery? (stent, angioplasty or coronary artery bypass graft)

Do you know the number of coronary arteries treated? (1, 2, 3, 4) Date of each surgery

4. Does the life insured have any of the following medical conditions? (Please select all that apply)

Heart valve condition (e.g., mitral regurgitation)	Angina or chest pain
Irregular heartbeat (e.g., atrial fibrillation)	High cholesterol
Poor circulation or painful legs at rest or during exercise	Obstructive sleep apnoea (OSA)
Hypertension (high blood pressure)	Diabetes
Pacemaker or defibrillator inserted	Blood thinning condition

5. Has the life insured's biological parents or siblings ever suffered (before the age of 65) from heart disease, heart attack, angina or stroke?

No Yes (Please provide details) + age of diagnosis

6. Does the life insured require help with any daily activities, such as driving, bathing, walking, standing, sitting, dressing, preparing meals or managing administrative and banking tasks? Yes No

If Yes, please provide details of the activities and whether partial or full assistance is needed.

7. How many different prescribed medications does the life insured take daily?

None 1-2 3-5 5-7 8-9 10+

8. Name of all medication(s) currently taking (and dosage)

To fast-track pre-assessment, have the life insured redact their name, photograph current medications, and submit with this questionnaire.

Medicine 1	Dosage	Medicine 4	Dosage
Medicine 2	Dosage	Medicine 5	Dosage
Medicine 3	Dosage	Medicine 6,7,8	Dosage(s)

10. How long has the life insured been attending their current GP/Medical Practice?

Less than 1 year 1-5 years 5-10 years 10 or more years

11. In the last 12 months, approximately how often has the life-insured seen their GP/Medical Practice?

Yearly Half Yearly Quarterly Monthly Fortnightly Weekly

11. Please provide details of the life insured's GP / medical practice.

Name of GP

Address

Date Last Seen

13. Would the life insured be willing to confidentially discuss their current health with an iExtend's medical underwriter? Yes No

If Yes, please select a time range (Mon-Friday) that suits the life insured: Morning Early Afternoon Evening (4-6pm)