Manulife | Chinabank
LIFE ASSURANCE CORPORATION

Ischaemic Heart Disease (Surgically Treated) Questionnaire

For Completion by the Attending Physician.

Name of Applicant: _____ **Date of Birth:** _____

1. Please describe the course of the disease prior to surgery.

2. What type of surgery has been performed and when?
If bypass surgery performed, please indicate the vessels bypassed.

3. Please indicate pre and post-ejection fractions (if known)

4. Please describe the subsequent course, mentioning (with relevant dates) the nature and duration of further symptoms and, in particular, any disabling episodes.

5. What is the current therapy?

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

_____ _____

Signature of Attending Physician **Date**