Manulife | Chinabank
LIFE ASSURANCE CORPORATION

Ischaemic Heart Disease Questionnaire

For Completion by the Attending Physician.

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

1. Has the patient suffered from:

i. Angina pectoris/coronary insufficiency? ☐ Yes ☐ No
If "yes", have symptoms always been non-disabling, of short duration and easily controlled?

Myocardial infarction? ☐ Yes ☐ No
If "yes", please advise site, eg anterior, anterolateral, posterolateral, subendocardial etc.

2. Please describe the initial episode:

i. Presenting symptoms and signs

ii. Date

iii. Duration of acute symptoms

iv. Date of return to normal activities

3. Please describe the subsequent course, including the nature and duration of further symptoms, including dates, and in particular, any disabling episodes.

4. If cardiac surgery has been carried out, please state the date, type of procedure and outcome.

5. Please give details of current symptoms.

6. Does the patient currently have:

i.	No symptoms whatsoever?	☐ Yes	☐ No	
ii.	Infrequent minor symptoms on extraordinary activity?	☐ Yes	☐ No	
iii.	Occasional symptoms wit everyday activity?	☐ Yes	☐ No	
iv.	More frequent symptoms with everyday activity?	☐ Yes	☐ No	
v.	Severe limitation of functional capacity?	☐ Yes	☐ No	

7. What is the current therapy?

We would appreciate if can provide the results of any investigations performed, eg resting and exercise ECGs, enzyme levels, isotype imaging, coronary angiography.

Signature of Attending Physician **Date**