Assumption Life

Reset

Chest Pain Questionnaire

First name : _____ Last name : _____

Policy number : _____ Date of Birth : _____

1. Have you ever experienced pain or discomfort in your chest? ☐ Yes ☐ No
   If yes, please provide details by answering the following questions:

2. Please indicate which of the following apply to your condition, and provide us with further details :

Description of pain	Location of pain	Radiation of pain	Onset caused by	Pain is relieved by
☐ Sharp	☐ Left side of chest	☐ Left arm	☐ Walking	☐ Rest
☐ Stabbing	☐ Right side of chest	☐ Right arm	☐ Lying down	☐ Sedatives
☐ Dull	☐ Mid chest	☐ Both arms	☐ Eating	☐ Antacids
☐ Aching	☐ Shoulder(s)	☐ Back	☐ Cold weather	☐ Nitroglycerine
☐ Throbbing	☐ Back	☐ Jaw	☐ Exertion	☐ Other : _____
☐ Heaviness	☐ Jaw	☐ Other : _____	☐ Other : _____	
☐ Constriction	☐ Other : _____			
☐ Other : _____				

Test	Details (dates and results)
☐ None	_____
☐ Electrocardiogram (ECG)	_____
☐ Stress test	_____
☐ Echocardiogram	_____
☐ Angiogram	_____
☐ Other: _____	_____

Treatment / Surgery	Details (dates, type and results)
☐ None	_____
☐ Medication	_____
☐ Angioplasty	_____
☐ Bypass surgery	_____
☐ Other: _____	_____

3. Date you first experienced symptoms : _____

4. Frequency of symptoms : _____

5. Date of your last symptoms : _____

6. Was any hospitalization required for your chest pain? ☐ Yes ☐ No
   If yes, dates and duration: _____

7. Was any time required off work for your chest pain? ☐ Yes ☐ No
   If yes, dates and duration: _____

8. Do you have any pending consultation, treatment or surgery? ☐ Yes ☐ No
   If yes, please provide details (date, treatment, name of physician). _____
   _____
   _____

I declare that the above information is true and complete and acknowledge that it shall form part of my insurance application with Assumption Life.

_____ _____

Signature of the person to be insured (parent or legal guardian if a minor) Date

Assumption Mutual Life Insurance Company, doing business under the name Assumption Life,
P.O. Box 160/770 Main St., Moncton NB E1C 8L1 Tel. 506-853-6040/1-800-455-7337 Fax 855-230-2500