
Coronary Disease Questionnaire

to be completed by the medical attendant

Full name of applicant

- 1 Was the diagnosis:-
- Angina pectoris?
- Myocardial infarction?
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- 2 What was the:-
- a) date of onset of the attack?
 - b) duration of acute symptoms?
 - c) total period of incapacity
 - d) date of return to work
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- 3 Was the diagnosis supported by electrocardiograms? Yes No
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- 4 Have electrocardiograms taken subsequently shown any significant changes?
(It is hoped that you will submit the electrocardiograms and reports thereon
if they are in your possession)
- Yes No
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- 5 What was the nature of the treatment?
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- 6 Please give details of any episodes of coronary disease causing time off work which have occurred since the original diagnosis.
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- 7 Are you aware of any other impairment of the cardiovascular system?
If yes, please give details
- Yes No
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Full Names of Medical Attendant

Stamp & Signature

Date
