

Underwriting Questionnaire

Heart Valve Disease



Producer Name _____ Phone _____ Date _____

Client Name _____ Date of Birth _____

Male Female Face Amount _____ Max Premium \$ _____ /yr.

Term Permanent Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)? Yes No

Frequency _____ Date of last use _____ Type _____

Any family history of cardiac disease Yes No If yes, whom _____ age of onset _____ current age or age at death _____

Age/date first diagnosed _____

Type of disorder Congenital Valve prolapse Insufficiency Stenosis Other _____

Which valve(s) are involved Pulmonic Aortic Mitral Tricuspid

Does the client have a Bicuspid aortic valve? Yes No If yes, grade of murmur (if known) _____

Has the client had valve repair? Yes No If yes, date of surgery _____

Has the client had valve replacement? Yes No If yes, date of surgery; type of valve (mechanical, tissue) _____

Any history of additional surgery/re-operation? Yes No If yes, provide date/details _____

Any post-op insufficiency present? Yes No If yes, to what degree (mild, moderate, severe) _____

Select the tests that have been done

EKG Date(s) _____ Results _____

Stress test Date(s) _____ Results _____

Echocardiogram Date(s) _____ Results _____

Holter monitor Date(s) _____ Results _____

Other _____ Date(s) _____ Results _____

Name of Medication (prescription or otherwise)	Dates Used	Quantity Taken	Frequency Taken

List any other major health problems the client has: