

HEART MURMUR

CLIENT NAME: _____ **Date:** _____

Male Female Date of birth: _____ Height: _____' _____" Weight: _____

Tobacco Use: Never used Totally stopped Date stopped: _____ Use now Type of nicotine product: _____

Type of Coverage: Term UL Survivor **Type of Coverage:** Term UL Survivor UL

Coverage Amount: _____ **Anticipated Premium:** _____

FAMILY HISTORY

Has proposed insured had a parent, brother or sister who had cancer, diabetes, stroke, heart or kidney disease or who committed suicide?
If yes, use separate sheet to provide this information, including age of onset and date of death

PROPOSED INSURED'S EXISTING INSURANCE			
Full Name of Company	Face Amount	Year Issued	Is Policy to be Replaced?

1. What type of murmur does client have?

- Aortic stenosis Aortic regurgitation Aortic insufficiency
 Mitral stenosis Mitral regurgitation Mitral insufficiency
 Pulmonic stenosis Flow murmur Innocent murmur

2. When was the heart murmur first discovered? _____

3. Does client have a history of rheumatic fever? No Yes

4. When was the client last seen by a physician for the heart murmur? _____

5. When was the last echocardiogram done? _____ What were the results? _____

6. Was a cardiac catheterization ever done No Yes; please give date _____

7. Does client have any symptoms or any limitation of activities? No Yes; please give details

8. Has client had any heart surgery or has surgery been discussed? No Yes; please give details

9. Is client on any medications now? (accurate name, dosage, and reason)

(Accurate) Name of Medication	Dosage	Reason

10. Does client have any other major health issues? (additional questionnaires may be required) No Yes; please give details

