Underwriting Questionnaire Atrial and Venticular Septal Defects

List any other major health problems the client has:

Producer Name	Phone	Date _		
Client Name	Date of Birth		-	
☐ Male ☐ Female Face Amount		Max Premium \$	/yr.	
\square Term \square Permanent Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)? \square Yes \square No				
Frequency [Date of last use		Туре	
Date of diagnosis Check type of septal defect ASD, ostium secundum or sinus venosusASD, primumVSD, large	 □VSD, sı □VSD, m			
Has surgical repair(s) been completed? If yes, provide details below				
Are any other congenital defects present? Provide details				
Check if any of the following have occured before o Heart enlargement Pulmonary hypertension Bundle branch block on ECG Arrhythmia Symptoms Blood clots Stroke Heart valve disease				
Is the client on any medications? If yes, provide deta	115			
Date of recent echocardiogram				
Results				

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