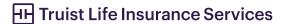
Underwriting Questionnaire Heart Valve Disease



Producer Name		Phone		Date		_	
Client Name		Date	of Birth				
☐ Male ☐ Female	Face Amount		Max				
☐ Term ☐ Permanent							
Frequency		Date of last use			Type	Type	
Any family history of cardi	ac disease □Yes □No	If yes, who	m	age of onset_	current age	e or age at death	
Age/date first diagnosed_							
Type of disorder	□Congenital □Va	lve prolapse	□Insufficiency	□Stenosis	□Other		
Which valve(s) are involved	d □Pu	lmonic	□Aortic	□Mitral	☐Tricuspid		
Does the client have a Bicuspid aortic valve? \square Yes \square No \square If yes, grade of murmur (if known)							
Has the client had valve re	pair? □Yes □No If ye	es, date of su	ırgery				
Has the client had valve re	placement? □Yes □N	o If yes, dat	e of surgery; type	of valve (mec	hanical, tissue)		
Any history of additional s	urgery/re-operation? \Box	Yes □No I	f yes, provide date	e/details			
Any post-op insufficiency	present? □Yes □No	f yes, to wha	at degree (mild, m	oderate, sever	re)		
Select the tests that have	peen done						
□EKG	Date(s)		Results				
□Stress test	Date(s)		Results				
□Echocardiogram	Date(s)		Results				
☐Holter monitor	Date(s)		Results				
□Other	Da	te(s)		Results			
Name of Medication (prescription or otherwise)			Dates Used		Quantity Taken	Frequency Taken	

List any other major health problems the client has:

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