

MEDICAL HISTORY QUESTIONNAIRE: VALVULAR HEART SURGERY

Client Name: _____ Date of Birth: _____

Gender: Male Female Height: _____ Weight: _____

Tobacco Usage: Never Former Current Date Stopped: _____ Type: _____

Coverage Information: Type: Term UL IUL WL VUL Survivorship

Face Amount: _____ Premium Tolerance: _____

Proposed Insured's Existing Insurance			
Insurance Company	Face Amount	Year Issued	Replacement (Yes/No)

1. When was the surgery completed? _____

2. Please note the type of surgery:

Valve Replacement Valvuloplasty

Commissurotomy Other

3. Please check the type(s) of valve disorder:

Aortic Insufficiency Aortic Stenosis Mitral Insufficiency

Mitral Stenosis Mitral Valve Prolapse

4. Please note the type of valve used if replaced:

Prosthetic (mechanical) Tissue (porcine or pig)

5. Have any of the following occurred?

Chest Pain Dizziness/Fainting Heart Failure

Palpitations Troubel Breathing

6. Is there a history of any other disease in addition to the valve disorder (coronary artery disease, etc.)?

No Yes, please give details _____

7. Please list current medications (including inhalers):

Name of Medication	Dosage	Reason

8. Are there any other health issues? (Additional Questionnaires may be required) No Yes

If yes, please provide details: _____