



**HEART DISEASE MITRAL VALVE
PROLAPSE QUESTIONNAIRE**

Agent: _____ Phone: _____ Fax: _____
 Proposed Insured Name: _____ M F Date of birth: _____
 Face Amount: _____ Max. Premium: \$ _____ / year UL WL Term Survivorship
 Do you currently smoke cigarettes? Y N If no, did you ever smoke: Never Quit (Date): _____
 Do you currently use any other tobacco products (e.g. nicotine patch, cigars, pipe, snuff, Nicorette gum...): Y N
 If Yes, please provide details: _____
 When did you last use any form of tobacco: ____ (Month) ____ (Year) Type used last: _____
 Height: ____ ft. ____ in. Weight: _____ lbs.

(1) Date of diagnosis: _____

(2) Have you been diagnosed or have you experienced any of the following:

Light headedness Breathlessness Blackouts Mitral regurgitation Mitral stenosis
 Rheumatoid arthritis Syphilis Ankylosig spondylitis Barlow's syndrome Edema
 Elevated Cholesterol - most recent known levels: Date: _____ LDL _____ HDL _____ Triglycerides _____
 High blood pressure - most recent reading(s): _____
 Diabetes - age of onset: _____ Recent A1C test result: _____ (please ask us for our Diabetes Questionnaire)
 Family history of heart disease. If yes, who and at what age(s) diagnosed: _____
 Other: _____

(3) Provide dates if any of the following tests or procedures (a) have been done or (b) have been recommended to be done?

Resting EKG: _____ Stress EKG: _____
 Thallium Stress EKG: _____ Echocardiogram: _____
 Coronary Catheterization: _____ Stress Echocardiogram: _____
 Valve replacement surgery - which valves? _____
 Angioplasty - what specific type? (e.g. balloon...) _____
 Bypass Surgery: _____ Number of vessels involved: _____
 Other: _____

(4) Does the proposed insured take any current medications, including aspirin? No Yes Details: _____

Name of medication (prescription or otherwise)	Dates used	Quantity taken	Frequency taken

(5) Does the proposed insured follow a specific diet (e.g. vegetarian) or take dietary supplements (vitamins, folic acid, etc.)?

No Yes Details: _____

(6) Does the proposed insured engage in any regular exercise or sporting activity?

No Yes Details: _____

(7) Are there any other conditions that may impact life underwriting? If yes, please describe: _____

