

## **HEART MURMUR**

CLIENT NAME:		Date:		
☐ Male ☐ Female Date of birth:				
<b>Tobacco Use:</b> □ Never used □ To	topped:	Use now	Type of nicotine product:	
Type of Coverage:  Term UL Survivor Type of Coverage: Term UL Survivor UL				
Coverage Amount: Anticipated Premium:				
<b>FAMILY HISTORY</b> 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 Amou	ınt	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? $\square$ No $\square$ Yes; please give details				
7. Does client have any symptoms of any initiation of activities:				
8. Has client had any heart surgery or has surgery been discussed? $\square$ No $\square$ Yes; please give details				
9. Is client on any medications now? (accurate name, dosage, and reason)				
(Accurate) Name of Medication		Dosage	Reason	
10. December to the properties to the properties of the properties				
10. Does client have any other major health issues? (additional questionnaires may be required) 🗌 No 🖂 Yes; please give details				