

HEART MURMUR 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? Yes No If no, did you ever smoke? Never Quit (Date): _____
 Do you currently use any other tobacco products (e.g. cigars, pipe, snuff, nicotine patch, Nicorette gum...)? Yes No
 If yes, please provide details: _____
 When did you last use any form of tobacco: _____ (Month) _____ (Year) Type used last: _____

1. Date of diagnosis: _____

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

- Light headedness Breathlessness Blackouts Aortic regurgitation Caughing up blood
- Rheumatoid arthritis Syphilis Ankylosig spondylitis Marfan'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: _____ Echodardiogram: _____
- 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 preventive aspirin? No Yes (Provide details below)

Name of medication (prescription or Otherwise)	Dates Used	Quantity Taken	Frequency

5. Does the proposed insured follow a specific diet (e.g. vegetarian) or take any 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: _____
