Underwritin	g Questionna	aire		
	d Venticul		al	Unic ruriins
Producer Name		Phone	Date	
Client Name		Date of Birth		-
🗌 Male 🔲 Female	Face Amount	M	ax Premium \$	/yr.
□ Term □ Permanent	Has the client ever used	d any form of tobacco	(cigarettes, cigars, pi	ipe, snuff, etc.)? 🗌 Yes 🗌 No
Frequency	Date	e of last use		Туре
ASD, primum VSD, large	t Indum or sinus venosus completed? If yes, provide de	□ VSD, small □ VSD, moder	rate	
Are any other congenital d	efects present? Provide detai	ls		
Heart enlargemer Pulmonary hypert Bundle branch blo Arrhythmia Symptoms Blood clots Stroke				
Is the client on any medica	tions? If yes, provide details			
Date of recent echocardiog	jram			
Results				
l ist any other major health	problems the client has:			

List any other major health problems the client has



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