

# Underwriting Questionnaire

## Heart Valve Disease



Producer Name \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Client Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Male  Female Face Amount \_\_\_\_\_ Max Premium \$ \_\_\_\_\_ /yr.

Term  Permanent Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)?  Yes  No

Frequency \_\_\_\_\_ Date of last use \_\_\_\_\_ Type \_\_\_\_\_

Any family history of cardiac disease  Yes  No If yes, whom \_\_\_\_\_ age of onset \_\_\_\_\_ current age or age at death \_\_\_\_\_

Age/date first diagnosed \_\_\_\_\_

Type of disorder  Congenital  Valve prolapse  Insufficiency  Stenosis  Other \_\_\_\_\_

Which valve(s) are involved  Pulmonic  Aortic  Mitral  Tricuspid

Does the client have a Bicuspid aortic valve?  Yes  No If yes, grade of murmur (if known) \_\_\_\_\_

Has the client had valve repair?  Yes  No If yes, date of surgery \_\_\_\_\_

Has the client had valve replacement?  Yes  No If yes, date of surgery; type of valve (mechanical, tissue) \_\_\_\_\_

Any history of additional surgery/re-operation?  Yes  No If yes, provide date/details \_\_\_\_\_

Any post-op insufficiency present?  Yes  No If yes, to what degree (mild, moderate, severe) \_\_\_\_\_

Select the tests that have been done

EKG Date(s) \_\_\_\_\_ Results \_\_\_\_\_

Stress test Date(s) \_\_\_\_\_ Results \_\_\_\_\_

Echocardiogram Date(s) \_\_\_\_\_ Results \_\_\_\_\_

Holter monitor Date(s) \_\_\_\_\_ Results \_\_\_\_\_

Other \_\_\_\_\_ Date(s) \_\_\_\_\_ Results \_\_\_\_\_

Name of Medication (prescription or otherwise)	Dates Used	Quantity Taken	Frequency Taken

List any other major health problems the client has: