

Heart Murmur Questionnaire

Name: _____ Date of Birth: _____

Height: _____ Weight: _____ Sex: M F

Tobacco Usage: _____ Face Amount: _____
____Term 10 15 20 30 ____UL

1. When was the proposed diagnosed with a heart murmur?

2. Has the proposed insured been diagnosed with or experience any of the following:

____Light headedness ____Breathlessness ____Blackouts
____Aortis regurgitation ____Edema ____Marfan's Syndrome
____Fatigue ____Rapid heartbeat

3. What kind of murmur was diagnosed?

____Diastolic ____Systolic
____Stenotic heart valve ____Aortic or mitral returgitation
____Other Details: _____

4. When did the proposed insured last have the following: (check all that apply)

____Electrocardiogram (ECG) Date: _____
____Chest X-ray Date: _____
____Echocardiogram Date: _____

5. Any restrictions of activities? ____Yes ____No. If yes please provide details:

6. Is the proposed insured taking any medication? ____Yes ____No.

If yes, please provide name, dosage and frequency.

7. Does the proposed insured have any family history of heart disease? ____Yes ____No.

If yes, please provide the relationship to the proposed insured and the date of onset and/or death:
