



## 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 insured, diagnosed with a heart murmur?

\_\_\_\_\_

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

\_\_\_Light headedness

\_\_\_Breathlessness

\_\_\_Blackouts

\_\_\_Aortas regurgitation

\_\_\_Edema

\_\_\_Marfan's Syndrome

\_\_\_Fatigue

\_\_\_Rapid heartbeat

3. What kind of murmur was diagnosed?

\_\_\_Diastolic \_\_\_Systolic

\_\_\_Stenotic heart valve

\_\_\_Aortic or mitral regurgitation

\_\_\_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. Has the proposed insured had any restrictions of activities? \_\_\_Yes \_\_\_No

(If yes please provide details):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. 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):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Is the proposed insured taking any medication for this condition or any other? \_\_\_Yes \_\_\_No

(If yes, please provide name, dosage, and frequency):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_