

MEDICAL HISTORY QUESTIONNAIRE: VALVULAR HEART SURGERY

Client Name: _____ Date of Birth: _____

Gender: Male Female Height: _____ Weight: _____

Tobacco Usage: Never Former Current Date Stopped: _____ Type: _____

Coverage Information: Type: Term UL IUL WL VUL Survivorship
 Face Amount: _____
 Premium Tolerance: _____

Proposed Insured's Existing Insurance			
Insurance Company	Face Amount	Year Issued	Replacement (Yes/No)

1. When was the surgery completed? _____

2. Please note the type of surgery:
 Valve Replacement Valvuloplasty
 Commissurotomy Other

3. Please check the type(s) of valve disorder:
 Aortic Insufficiency Aortic Stenosis Mitral Insufficiency
 Mitral Stenosis Mitral Valve Prolapse

4. Please note the type of valve used if replaced:
 Prosthetic (mechanical) Tissue (porcine or pig)

5. Have any of the following occurred?
 Chest Pain Dizziness/Fainting Heart Failure
 Palpitations Troubel Breathing

6. Is there a history of any other disease in addition to the valve disorder (coronary artery disease, etc.)?
 No Yes, please give details _____

7. Please list current medications (including inhalers):

Name of Medication	Dosage	Reason

8. Are there any other health issues? (Additional Questionnaires may be required) No Yes

If yes, please provide details: _____

