



Heart Disease-Mitral Valve Stenosis

Name: _____ Date of Birth: _____

Height: _____ Weight: _____ Sex: M/F

Tobacco Usage: _____ Face Amount: _____

___Term 10 15 20 30 ___UL

1. Date of diagnosis: _____

2. Have you been diagnosed or have you experienced any of the following: (Check all that apply)

___ Light headedness ___ Breathlessness ___ Blackouts
___ Mitral regurgitation ___ Coughing blood ___ Rheumatoid arthritis
___ Syphilis ___ Ankylosig spondylitis ___ Marfan's syndrome
___ Edema

___ Elevated Cholesterol – (Most recent known levels):

Date: _____ LDL _____ HDL _____ Triglycerides _____

___ High blood pressure - most recent reading(s): _____

___ Diabetes (age of onset): _____ A1C result: _____ (Please ask us for our Diabetes Questionnaire)

___ Family history of heart disease

(If yes, who and at what age(s) diagnosed: _____

___ Other: _____

3. Provide dates if any of the following tests or procedures (a) have been done or (b) have been recommended to be done?

___ Resting EKG: _____ ___ Stress EKG: _____

___ Thallium Stress EKG: _____ ___ Echocardiogram: _____

___ Coronary Catheterization: _____ ___ Stress Echocardiogram: _____

___ Valve replacement surgery – (Which valves)? _____

___ Angioplasty – (what specific type) _____

___ Bypass Surgery: _____ (Number of vessels involved): _____

___ Other: _____

4. Does the proposed insured take medications for this condition or any other? ___ Yes ___ No
(If yes, please provide name, dosage, and frequency):

Name: _____ Dosage: _____ Frequency: _____

Name: _____ Dosage: _____ Frequency: _____

Name: _____ Dosage: _____ Frequency: _____

Name: _____ Dosage: _____ Frequency: _____

5. Does the proposed insured follow a specific diet or take dietary supplements? ___ Yes ___ No
(If yes, please provide details) _____

6. Does the proposed insured participate in any physical exercise program? ___ Yes ___ No
(If yes, please provide details): _____

7. Are there any other conditions that may affect underwriting? ___ Yes ___ No
(If yes please provide details): _____