

# Heart Murmur Questionnaire



Submit This Form with your application for better informed underwriting

## Client Information

<b>Client Name:</b>					
<b>DOB:</b>	<b>Gender</b>	<b>Height</b>	<b>Weight</b>	<b>Marital Status</b>	
<b>Occupation &amp; Length of Employment:</b>					
<b>Tobacco Use</b>	Never Used	Totally Stopped		Current User	
		<b>Date Stopped</b>		<b>Type Used</b>	
<b>Type of Coverage</b>	Term	UL	Survivor	<b>Amount \$</b>	

## Essential Information

1	Date of first Diagnosis	Does client have a history of rheumatic fever?		<input type="checkbox"/> Yes <input type="checkbox"/> No
2	What type of murmur does client have?	Aortic Stenosis	Aortic Regurgitation	Aortic Insufficiency
		Mitral Stenosis	Mitral Regurgitation	Mitral Insufficiency
		Pulmonic Stenosis	Flow Murmur	Innocent Murmur
3	When was the client last seen by a physician for the heart murmur		<i>Date:</i>	
4	Was a cardiac catheterization ever done?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Date:</i>
5	When was the last echocardiogram done?	<i>Date:</i>	<i>Results</i>	
6	List current medications (accurate name, dosage and reason)			
7	Has client had any heart surgery or has surgery been discussed	<i>Details:</i>		
8	Does client have any symptoms or any limitations of activities?	<i>Details</i>		
9	Does the client have any other health issues	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes provide details:	

**Confidential**

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