Mitral Valve Prolapse Questionnaire

Submit This Form with your application for better informed underwriting

Client Information

Client Name:				
DOB:	**Gender**	**Height**	**Weight**	**Marital Status**
Occupation & Length of Employment:				
Tobacco Use	Never Used	Totally Stopped		Current User
		Date Stopped		**Type Used**
Type of Coverage	Term	UL	Survivor	**Amount $**

Essential Information

1	How long has this abnormality been present?		
2	Have any of the following occurred (check all that apply)	Chest Pain	Shortness of breath / Heart Failure / Palpitations / Atrial Fibrillation / flutter
3	Is there a history of any other heart disease in addition to the mitral valve prolapse (problems with other valves, coronary artery disease etc?)	☐ Yes ☐ No	*If yes, give details*
4	Has an echocardiogram (ultrasound of the heart) been done?	☐ Yes, *If yes, please submit a copy of the report* ☐ No	
5	List current medications (accurate name, dosage and reason)		
6	Does the client have any other health issues	☐ Yes ☐ No	*If yes provide details:*

Don Boozer & Associates
P: 1-800-543-0886
F: 1-888-543-0886