



Heart Murmur Questionnaire

Name

DOB

Gender

Desired face amount and type of coverage:	
Height and Weight:	
Date of or Age at Diagnosis:	
If valve was replaced, type of valve used for replacement:	
Any history of cardiac arrhythmia or heart enlargement?	
Type and grade of the murmur:	
Type(s) and date(s) of treatment:	
Has the client been diagnosed with any of the following (check all that apply):	<input type="checkbox"/> Aortic regurgitation <input type="checkbox"/> Heart failure <input type="checkbox"/> Aortic stenosis <input type="checkbox"/> Stroke <input type="checkbox"/> Mitral regurgitation <input type="checkbox"/> Other:
Was an echocardiogram completed? If so, provide date and results:	
Has the client experienced chest pain, fatigue, shortness of breath, palpitations, etc.?	
Medications currently being taken (provide dosage and frequency):	
Does the client currently smoke or ever smoked? If yes, provide date of last tobacco use:	
Has the client ever had any other major medical conditions? Provide diagnosis date, treatment, results, etc.	

Please return the completed form to your financial professional.

All quotes are tentative and are NOT BINDING and SUBJECT TO full underwriting which may include exams, labs, doctor records, and/or any other information obtained during the underwriting process.