# Heart Valve Questionnaire

**Agent Name:** ___________________________  **Phone #:** ___________________________  **E-mail:** ___________________________

**Client Name:** ___________________________  **Date of Birth:** ________________  **Sex:** ___ Male / ___ Female

**Height:** __________  **Weight:** __________  **State:** __________  **Smoker:** ___ Y / ___ N  **Face Amount:** ___________________________

**Type of Insurance:**  ___ Universal Life  ___ Whole Life  ___ Survivorship  ___ Term (# of years ______)

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1. **When did the proposed insured have heart valve replacement surgery, or other treatment?** __________________________________________

2. **What was the underlying condition that preceded the surgery/treatment?**

   - ___ Shortness of breath
   - ___ Chest pain
   - ___ Heart palpitations
   - ___ Low body weight
   - ___ Low blood pressure
   - ___ Mitral valve regurgitation
   - ___ Heart failure
   - ___ Other: __________________________________________

3. **Which valve was replaced?** ___________________________

4. **What kind of valve was used in the replacement:**

   - ___ plastic or metal mechanical valve
   - ___ bioprosthetic valve (pig valve)

5. **Any restrictions of activities?**  ___ Yes  ___ No
   
   **If yes, provide details:** __________________________________________

6. **Is the proposed insured taking any medication(s)?**  ___ Yes  ___ No
   
   **If yes, provide name, dosage and frequency of medication(s):** __________________________________________

7. **Did the proposed insured smoke prior to surgery?**  ___ Yes  ___ No
   
   **If yes, when did they quit?** __________________________________________

8. **Does the proposed insured have any family history of heart disease?**  ___ Yes  ___ No
   
   **If yes, please provide the relationship to the proposed insured and the date of onset and/or death:** __________________________________________

9. **Has the proposed insured been diagnosed with any of the following conditions:**

   - ___ Coronary Artery Disease
   - ___ Abnormal heart rhythms/arrhythmia
   - ___ Cardiomyopathy
   - ___ Heart Valve Disease
   - ___ Mitral Valve Prolapse
   - ___ Other: __________________________________________