

Fax to: Underwriting Solutions (760) 435-9703
Telephone: (760) 435-9702
Email: UndSolutions@cs.com

Heart Murmur or Congenital Heart Questionnaire

Name Male Female Age _____ Date of Birth _____

Tobacco Use No Cigarettes Other tobacco _____ Date quit? _____

State _____ Amount of Insurance _____ Type of Insurance _____

Occupation/Source of income: _____

Heart Murmur, Mitral Valve Prolapse, Heart Valve replacement/ surgery,
 Other congenital heart abnormality

1. Type heart murmur or heart abnormality: _____ Date diagnosed: _____

2. List all heart medication (including aspirin): _____

3. List all surgeries: type and date? _____

4. Test Results:

Resting EKG- Normal Abnormal

Stress EKG- Normal Abnormal

Echocardiogram

Holter Monitor

5. Do you have any of the following complications: cerebral vascular disease, stroke or TIA, cardiac arrhythmia or irregular heart beat, CHF or congestive heart failure, diabetes, kidney disease, hypertension, family history of coronary disease? Details: _____

6. How often do you visit your physician? _____

General Questions:

1. Do you have any other major health problems? No Yes – Details: _____

2. List all medications: _____

3. Height: _____ Weight: Most recent blood pressure reading: _____

Agent Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

The information gathered above will be used in the evaluation of the insurability of the applicant. All offers are tentative and are subject to verification of the submitted medical evidence and other criteria used in the underwriting of life insurance Copyright 2000 to 2004. By Fredric Berger. All rights reserved.

