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# MEDICAL HISTORY QUESTIONNAIRE: VALVULAR HEART SURGERY

Client Name: _____ Date of Birth: _____

Gender: ☐ Male ☐ Female Height: _____ Weight: _____

Tobacco Usage:

☐ Never
☐ Former Date Stopped: _____
☐ Current Type: _____

Coverage Information:

Type: ☐ Term ☐ UL ☐ IUL ☐ WL ☐ VUL ☐ Survivorship

Face Amount: _____

Premium Tolerance: _____

| Proposed Insured's Existing Insurance | | | |
|---|---|---|---|
| Insurance Company | Face Amount | Year Issued | Replacement (Yes/No) |
| | | | |
| | | | |
| | | | |

1. When was the surgery completed? _____

2. Please note the type of surgery:

☐ Valve Replacement ☐ Valvuloplasty
☐ Commissurotomy ☐ Other

3. Please check the type(s) of valve disorder:

☐ Aortic Insufficiency ☐ Aortic Stenosis ☐ Mitral Insufficiency
☐ Mitral Stenosis ☐ Mitral Valve Prolapse

4. Please note the type of valve used if replaced:

☐ Prosthetic (mechanical) ☐ Tissue (porcine or pig)

5. Have any of the following occurred?

☐ Chest Pain ☐ Dizziness/Fainting ☐ Heart Failure
☐ Palppitations ☐ Troubel Breathing

6. Is there a history of any other disease in addition to the valve disorder (coronary artery disease, etc.)?

☐ No ☐ Yes, please give details _____

_____

_____

7. Please list current medications (including inhalers):

| Name of Medication | Dosage | Reason |
|---|---|---|
| | | |
| | | |
| | | |

8. Are there any other health issues? (Additional Questionnaires may be required) ☐ No ☐ Yes

If yes, please provide details: _____

_____

_____

_____