



# MEDICAL HISTORY QUESTIONNAIRE: VALVULAR HEART SURGERY

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender:  Male  Female Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Tobacco Usage:  Never  Former  Current  
 Date Stopped: \_\_\_\_\_ 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)

- When was the surgery completed? \_\_\_\_\_
- Please note the type of surgery:  
 Valve Replacement  Valvuloplasty  
 Commissurotomy  Other
- Please check the type(s) of valve disorder:  
 Aortic Insufficiency  Aortic Stenosis  Mitral Insufficiency  
 Mitral Stenosis  Mitral Valve Prolapse
- Please note the type of valve used if replaced:  
 Prosthetic (mechanical)  Tissue (porcine or pig)
- Have any of the following occurred?  
 Chest Pain  Dizziness/Fainting  Heart Failure  
 Palpitations  Troubel Breathing
- 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: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_