

Heart Murmur Quote Request

Name _____ Sex M F Date of Birth _____

Height _____ Weight _____ Smoker? Y N State _____

Coverage Desired? _____ Amount _____ Plan Desired? _____

Have you ever been Rated or Declined for insurance? If YES Complete details please

When were you first told that you had a Heart Murmur? _____

Have you ever had any history of any of the following: Please circle those that apply)

Rheumatic Fever Scarlet Fever Heart Failure Shortness of Breath Edema Heart Failure
Heart Enlargement Heart Valve Disease Congenital Heart Disease

If YES, Complete Details and Dates _____

Have you ever had a Heart Attack, Stroke, or experienced Coronary Artery Disease? Y N

If YES, Complete Details and Dates please _____

Is any surgery contemplated? Y N

If YES, Complete Details and Dates please _____

Have you had a Treadmill EKG or any type of Stress Test? If so, When? _____

Were the results normal? _____

What have been your recent Blood Pressure readings? _____

What has been your recent Cholesterol readings? _____

Do you have Diabetes? Y N When Diagnosed? _____

If YES, what medication are you taking? _____

Do you have any Family History of Heart Disease or Diabetes? _____

What Lifestyle Changes have you made to treat your illness? _____

Please list all medications being taken: _____

Do you have any other major health problems? (example: cancer, etc)? _____

Please also submit a copy of any recent Catheterizations or Stress Tests

Broker Submitting Questionnaire: _____

Address _____

Phone: _____ FAX: _____ E-mail: _____

Please send completed form:

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