

Heart Murmur or Congenital Heart

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: _____