

## 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: \_\_\_\_\_