Return to - jim@uswolfe.com or Fax to 815-377-3556

VALVULAR HEART SURGERY QUESTIONNAIRE

Insured's Name: DOB: State: Sex: M / F

Height: Ft. In. Weight: Face Amount:

Tobacco use in the past 5 years: No Yes Details:

Producer: State: Phone: E-mail:

Proposed Insured please answer the following:

1. When was the surgery completed?

2. Please indicate type of valve surgery (please circle):
   - Valve Replacement
   - Valvuloplasty
   - Commissurotomy
   - Other:

3. Please indicate the type(s) of Valve Disorder (please circle all that apply):
   - Aortic Stenosis
   - Mitral Stenosis
   - Aortic Insufficiency
   - Mitral Insufficiency
   - Mitral Valve Prolapse

4. Please indicate type of valve used if replaced (please circle):
   - Prosthetic (mechanical)
   - Tissue (porcine or pig)

5. Have any of the following occurred (please circle)?

Chest Pain	Yes	No
Palpitations	Yes	No
Trouble Breathing	Yes	No
Heart Failure	Yes	No
Dizziness/Fainting	Yes	No

6. Do you have a history of any other heart disease in addition to the valve disorder (i.e. coronary artery disease, etc.)? Yes No
   Details:

7. Are you taking any medications? Yes No
   Name(s) and dosage(s):

8. Do you have any other major health problems (i.e. cancer, etc.)? Yes No
   Details:

9. Name, address & phone number of your physician(s) and date last consulted:

Additional Information (please use reverse side for additional space):

Date: _____ Insured's Signature: _____