Underwriting Questionnaire

Heart Valve Disease



Please answer all questions applicable to the client's medical history.

Producer Name		Phone	e		Date		
Client Name		Date of Birth			_		
Face Amount				/yr. □Te	Term □ Permanent		
Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)? \square Yes \square No							
Frequency	Date of las	_ Date of last use					
Any family history of cardiac disease Yes No If yes, whom age of onset current age or age at death							
Age/date first diagnosed							
Type of disorder	□Congenital	□Valve prolapse	□Insufficiency	□Stenosis	Other		
Which valve(s) are involved		□Pulmonic	□Aortic	□Mitral	□Tricuspid		
Does the client have a Bicuspid aortic valve? Yes No If yes, grade of murmur (if known)							
Has the client had valve repair? □Yes □No If yes, date of surgery							
Has the client had valve replacement? ☐ Yes ☐ No If yes, date of surgery; type of valve (mechanical, tissue)							
Any history of additional surgery/re-operation? Yes No If yes, provide date/details							
Any post-op insufficiency present? Yes No If yes, to what degree (mild, moderate, severe)							
Select the tests that have been done							
□EKG	Date(s)	Date(s) Results					
□Stress test	Date(s) Results						
□Echocardiogram	Date(s) Results						
☐Holter monitor	Date(s) Results						
□Other Date(s) Results							
Name of Medicatio	n (prescription or	otherwise)	Dates Used	Quanti	ty Taken	Frequency Taken	

List any other major health problems the client has:

Questions?

Call McGill Brokerage at (800)-279-0751 ext. 233 for Dan Dahl, 210 for Tim Simmons, and 228 for Gary Kay. Email questions or completed forms to ddahl@mcgillbrokerage.com, tsimmons@mcgillbrokerage.com, and gkay@mcgillbrokerage.com.

