

Aortic Valve Disorder

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

How long has your Aortic Valve Disorder been present? _____

Has surgery been performed, or is surgery contemplated?

If YES, please explain _____

Have you experienced any of the following (Check all that apply)
Chest Pain Trouble Breathing Palpitations Dizziness Heart Failure

Do you have a history of any other heart disease? Coronary artery Disease? Problems with other valves?

If YES, please explain _____

Have you ever had a Heart Attack? Y N If YES Date(s) please _____

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

Were the results normal? _____

Do you experience any Chest Pains now? Y N

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)? _____

Broker Submitting Questionnaire: _____

Address _____

Phone: _____ FAX: _____ E-mail: _____

Please send completed form:

Victorson Associates, Inc. PO Box 863 Smithtown, NY 11787
You may Fax to: (631) 265-7054 or E-mail to: vainc@victorson.com