

MEDICAL HISTORY QUESTIONNAIRE: VALVULAR HEART SURGERY

Client Name: _____ Date of Birth: _____

Gender: Male Female Height: _____ Weight: _____

Tobacco Usage:

Never
 Former Date Stopped: _____
 Current Type: _____

Coverage Information:

Type: Term UL IUL
 WL VUL Survivorship
Face Amount: _____
Premium Tolerance: _____

PROPOSED INSURED'S EXISTING INSURANCE

| INSURANCE COMPANY | FACE AMOUNT | YEAR ISSUED | REPLACEMENT (YES/NO) |
|-------------------|-------------|-------------|----------------------|
| | | | |
| | | | |
| | | | |

1. When was the surgery completed?: _____

2. Please note the type of surgery:

Valve Replacement Valvuloplasty
 Commissurotomy Other

3. Please check the type(s) of valve disorder:

Aortic Insufficiency Aortic Stenosis Mitral Insufficiency
 Mitral Stenosis Mitral Valve Prolapse

4. Please note the type of valve used if replaced:

Prosthetic (mechanical) Tissue (porcine or pig)



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5. Have any of the following occurred?

- Chest Pain Dizziness/Fainting Heart Failure
Palppitations Troubel Breathing

6. Is there a history of any other disease in addition to the valve disorder (coronary artery disease, etc.)?

No Yes; Please give details: _____

7. Please list current medications (including inhalers):

| NAME OF MEDICATION | DOSAGE | REASON |
|--------------------|--------|--------|
| | | |
| | | |
| | | |

8. Are there any other health issues? (Additional Questionnaires may be required) No Yes

If yes, please provide details: _____



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