

**VALVULAR HEART SURGERY QUESTIONNAIRE****Rohrer & Associates**

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)
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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: \_\_\_\_\_