NAILBA
NAILBA University

MITRAL VALVE DISORDER

CLIENT NAME: ____________________ **Date:** ____________

❑ Male ❑ Female Date of birth: ____________ Height: ______’ ______” Weight: ____________

Tobacco Use: ❑ Never used ❑ Totally stopped Date stopped: ________ ❑ Use now Type of nicotine product: ____________

Type of Coverage: ❑ Term ❑ UL ❑ Survivor **Type of Coverage:** ❑ Term ❑ UL ❑ Survivor

Coverage Amount: ____________ **Anticipated Premium:** ____________

FAMILY HISTORY

Has proposed insured had a parent, brother or sister who had cancer, diabetes, stroke, heart or kidney disease or who committed suicide?

If yes, use separate sheet to provide this information, including age of onset and date of death.

PROPOSED INSURED’S EXISTING INSURANCE			
Full Name of Company	Face Amount	Year Issued	Is Policy to be Replaced?

1. How long has this abnormality been present? ____________

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

   ❑ Mitral stenosis ❑ Mitral regurgitation ❑ Mitral valve prolapse

3. Have any of the following occurred?

   ❑ Chest pain ❑ No ❑ Yes
   ❑ Trouble breathing ❑ No ❑ Yes
   ❑ Heart failure ❑ No ❑ Yes
   ❑ Palpitations ❑ No ❑ Yes
   ❑ Atrial fibrillation/flutter ❑ No ❑ Yes

4. Is there a history of any other heart disease in addition to the mitral valve disorder (problems with other valves, coronary artery disease, etc.)?

   ❑ No ❑ Yes; please give details

   ____
   ____

5. Have additional studies been completed? (check all that apply)

   ❑ Echocardiogram Date: ____________
   ❑ Cardiac catheterization Date: ____________
   ❑ None

6. List all medications client is taking. (accurate name, dosage, and reason)

(Accurate) Name of Medication	Dosage	Reason

7. Are there any other health problems? (additional questionnaires may be required) ❑ No ❑ Yes; please give details

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