



J.L.Thomas & Company

A LIFEMARK PARTNER

The strength of many. The power of one.

Dilated Cardiomyopathy - Ask "Rx" pert underwriter (ask our experts)

Producer _____ Phone _____ Fax _____

Client _____ Age/DOB _____ Sex _____

If your client has a diagnosis of dilated cardiomyopathy, please answer the following:

1. At what age was the disorder first diagnosed: _____
2. Have any of the following symptoms occurred? (check all that apply)

fainting or dizziness	<input type="checkbox"/> yes	<input type="checkbox"/> no
palpitations	<input type="checkbox"/> yes	<input type="checkbox"/> no
shortness of breath	<input type="checkbox"/> yes	<input type="checkbox"/> no
chest pain	<input type="checkbox"/> yes	<input type="checkbox"/> no
3. Has an echocardiogram been done?
 yes, (please submit a copy of the report)
 no
4. Is your client on any medications?
 yes, please give details _____
 no
5. Has treatment other than medication (please note above) been given? (check all that apply)
 pacemaker
 defibrillator
 heart surgery
6. Has your client smoked cigarettes in the last 12 months?
 yes
 no
7. Does your client have any other major health problems (ex: cancer, etc.)?
 yes, please give details _____
 no