



## J.L.Thomas & Company

A LIFEMARK PARTNER

The strength of many. The power of one.

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

Producer \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Client \_\_\_\_\_ Age/DOB \_\_\_\_\_ Sex \_\_\_\_\_

If your client is known to have a history of Enlarged Heart, please answer the following:

1. Please list date of diagnosis: \_\_\_\_\_
2. Have any of the following symptoms occur?

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 medication?  
 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

After reading the *Rx for Success* on HCM, please feel free to use this *Ask "Rx" pert underwriter* for an informal quote.