J.L.Thomas & Company

A LIFEMARK PARTNER

The strength of many. The power of one.

Aortic Valve Disorders - Ask "Rx" pert underwriter
(ask our experts)

Producer _____ Phone _____ Fax _____

Client _____ Age/DOB _____ Sex _____

If your client has an Aortic Valve Disorder, please answer the following:

1. How long has this abnormality been present? _____ (years)

2. Please check the type(s) of aortic valve disorder present:
   - ☐ Aortic stenosis
   - ☐ Aortic sclerosis
   - ☐ Aortic insufficiency

3. Have any of the following occurred?

☐ chest pain	☐ yes	☐ no
☐ palpitations	☐ yes	☐ no
☐ trouble breathing	☐ yes	☐ no
☐ dizziness, fainting	☐ yes	☐ no
☐ heart failure	☐ yes	☐ no

4. Is there a history of any other heart disease in addition to the aortic valve disorder (problems with other valves, coronary artery disease, etc.)?
   - ☐ yes, please give details _____
   - ☐ no

5. Have additional studies been completed? (check all that apply)
   - ☐ echocardiogram _____ (date)
   - ☐ cardiac catheterization _____ (date)
   - ☐ none

6. Is your client on any medication?
   - ☐ yes, please give details _____
   - ☐ no

7. Has your client smoked cigarettes in the last 12 months?
   - ☐ yes
   - ☐ no