



# 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