



1701 Research Boulevard
 Rockville, Maryland 20850
 (301) 279-4800
 (800) 638-8428

Quick Quote for Mitral Valve Prolapse

GA/Broker: _____

GA Case #: _____
 (Assigned by GA)

Proposed Insured: Male Female Date of Birth _____

| Family History: | Age if Living | Age at Death | Cause of Death |
|-----------------|---------------|--------------|----------------|
| Mother | _____ | _____ | _____ |
| Father | _____ | _____ | _____ |
| Siblings | _____ | _____ | _____ |

Date of diagnosis: _____

Have any of the following symptoms occurred?

- | | | |
|---------------------------|-----|----|
| Palpitations | Yes | No |
| Trouble breathing | Yes | No |
| Dizziness or stroke | Yes | No |

Does the valve leak (mitral insufficiency) Yes No

Is there a history of any other heart disease in addition to the mitral valve prolapse (problems with other valves, coronary artery disease, etc.)? Yes No

If yes, explain: _____

Has an echocardiogram (ultrasound of the heart) been done? Yes No

If yes, date: _____ result: _____

List all medications including aspirin and vitamins:

Any history of arrhythmias or other complications? Yes No

Has client ever used tobacco or nicotine-based products? Yes No

If yes, last date used _____

List any other health problems:

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