Assumption Life

Reset

Heart Examination Questionnaire

First Name : _____ Last Name : _____

Policy Number : _____ Date of Birth (DD/MM/YYYY): ____/____/_____

1. Are you aware of the patient having any history of the following conditions? ☐ Yes ☐ No
   If yes, please indicate which of the following apply to this client:

   ☐ Rheumatic fever ☐ Scarlet fever ☐ Hypertension ☐ Heart murmur
   ☐ Cardiac insufficiency ☐ Chest pain ☐ Arrhythmia ☐ Cardiomegaly

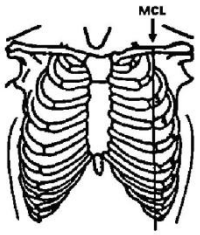
   If yes, please provide details: _____
   _____

2. Was a heart murmur detected during this examination? ☐ Yes ☐ No
   If yes, complete the following:

a) Timing	☐ systolic	☐ presystolic	☐ diastolic		☐ other: _____	
b) Grade	☐ 1/6	☐ 2/6	☐ 3/6	☐ 4/6	☐ 5/6	☐ 6/6
c) Character	☐ soft	☐ blowing		☐ harsh	☐ other: _____	
d) How is murmur affected with inspiration?	☐ disappears		☐ no change		☐ other: _____	
e) How is murmur in a lying position?	☐ disappears		☐ no change		☐ other: _____	
f) How is murmur in an upright position?	☐ disappears		☐ no change		☐ other: _____	
g) How is murmur while exercising?	☐ disappears		☐ no change		☐ other: _____	
h) Symptoms	☐ none	☐ dyspnea	☐ cyanosis	☐ edema	☐ arrhythmia	☐ hypertension
	☐ other (specify): _____					

Indicate the following on the diagram:

a) Area of apex by an ``X``
b) Point of maximum intensity by an ``O``
c) Murmur area by a `` ☐ ``
d) Direction of transmission by a `` ⇒ ``



3. Please provide us with the following information. If it is not applicable, please indicate N/A.

Test	Date	Result (please provide us with a copy, if available)
ECG	_____	_____
Echocardiogram	_____	_____
Other (specify) : _____	_____	_____

4. What is your diagnosis? _____
   _____
   _____

_____ _____ _____

Name of Attending Physician (print) Attending Physician's Signature Date (DD/MM/YYYY)

Assumption Mutual Life Insurance Company, doing business under the name Assumption Life,
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