



**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 .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Trouble breathing.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dizziness or stroke .....	<input type="checkbox"/> Yes	<input type="checkbox"/> 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:

\_\_\_\_\_

\_\_\_\_\_

RETURN TO YOUR GENERAL AGENCY FOR PROCESSING