

HEART MURMUR

Client's Name _____

1. What type of murmur does your client have? (Aortic Stenosis, Aortic Regurgitation, Aortic Insufficiency, Mitral Stenosis, Mitral Regurgitation, Mitral Insufficiency, Pulmonic Stenosis, Flow Murmur, Innocent Murmur):

2. When was the murmur first discovered? _____
Is the doctor concerned about it? yes no
Does your client have a history of rheumatic fever? yes no

3. When was your client last seen by physician? _____

4. When was the last echocardiogram done? _____

5. Was a Cardiac Catheterization ever done?
 yes, When? _____
 no

6. Is your client on any medication? yes no

What?

7. Does your client have any symptoms or any limitation of activities? yes no

8. Has your client had any heart surgery or has surgery been discussed with the doctor?
 yes no

Agents name:
Date Submitted:

Agents Tell #
Agents e-mail address:

Agent Fax #

PLEASE FAX TO BEST MARKETING AT 1-781 643-2775