

**HEART MURMUR/MITRAL VALVE PROLAPSE QUESTIONNAIRE**  
**(complete all questions)**

Name of primary applicant: \_\_\_\_\_ ID/SSN: \_\_\_\_\_

Name of person treated: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

1. Give exact diagnosis: \_\_\_\_\_ Date of diagnosis: \_\_\_\_\_

2. Description of murmur (check one):  
\_\_\_functional \_\_\_organic \_\_\_diastolic \_\_\_systolic \_\_\_\_\_other (specify)

3. Have you had any of the following?

<b>Test:</b>			<b>If yes, when?</b>	<b>Results were (circle):</b>		
EKG	Yes ___	No ___	_____	Normal	Abnormal	Unknown
Echocardiogram (Echo)	Yes ___	No ___	_____	Normal	Abnormal	Unknown
Doppler Test	Yes ___	No ___	_____	Normal	Abnormal	Unknown
Heart Catherization	Yes ___	No ___	_____	Normal	Abnormal	Unknown
Holter Monitor	Yes ___	No ___	_____	Normal	Abnormal	Unknown
Thallium	Yes ___	No ___	_____	Normal	Abnormal	Unknown
Stress/Treadmill	Yes ___	No ___	_____	Normal	Abnormal	Unknown

4. Have you ever experienced symptoms (chest pain, shortness of breath, dizziness, palpitations, irregular heartbeat)? Yes \_\_\_ No \_\_\_ If yes, please give details **(date of onset, frequency, severity, date of last symptoms)**: \_\_\_\_\_  
\_\_\_\_\_

5. Have you ever taken medication for this condition? \_\_\_ Yes \_\_\_ No

**Medication:** \_\_\_\_\_ **Dosage:** \_\_\_\_\_ **Frequency (i.e., daily, as needed)** \_\_\_\_\_ **Date stopped (if no longer taking)** \_\_\_\_\_

6. Have you ever had surgery, or has surgery or other treatment been recommended for this or any related condition? Yes \_\_\_ No \_\_\_ If yes, give details: \_\_\_\_\_  
\_\_\_\_\_

7. Has there been any hospitalization for this or any other related condition? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, dates of confinement(s): \_\_\_\_\_ Length of stay(s): \_\_\_\_\_

Name and address of hospital(s) where confined: \_\_\_\_\_

8. Do you have any other cardiovascular conditions? Yes \_\_\_\_\_ No \_\_\_ If yes, please provide complete details: \_\_\_\_\_  
\_\_\_\_\_

9. Name and address of treating physician: \_\_\_\_\_  
\_\_\_\_\_

10. What is your current height? \_\_\_\_\_ Weight? \_\_\_\_\_

All of the above statements are true, complete and correctly recorded to the best of my knowledge. I understand Anthem Blue Cross and Blue Shield will rely on these statements when determining eligibility.

\_\_\_\_\_  
Signature of person treated (or parent/guardian if under 18)

\_\_\_\_\_  
Date