

Special heart report

(by specialist)

Policy number

Member number*

Group number* (*Fill in for FundsAtWork)

1: Details of insured life

Name of insured life	<input type="text"/>		
Permanent identity/passport number	<input type="text"/>	Permanent identity number	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of birth	<input type="text"/>	Telephone	<input type="text"/>
Financial adviser's name	<input type="text"/>		
Broker house code	<input type="text"/>	Financial adviser code	<input type="text"/>
		Telephone	<input type="text"/>

2: General health information

1. Provide the pertinent history for rheumatic fever, heart failure, endocarditis, chest pain, etc and examinations of the heart that the applicant may have had in the past.

2a. Is there a murmur? Yes No 2b. Is there a click? Yes No

2c. Is there a thrill? Yes No

3a. Characteristics of the murmur:	Timing	Intensity		Area of maximal intensity		Duration
	Systolic	1/6	4/6	Aortic	Pulmonary	Short
	Presystolic	2/6	5/6	Tricuspid	Mitral	Long
	Diastolic	3/6	6/6	Sternal edge		

3b. Effect of exercise and inspiration on murmur's intensity:

3c. What is the effect of change in posture on the intensity of the murmur?

3d. Does the murmur radiate? Yes No

If "yes", where does the murmur radiate to?

3e. Is there a carotid bruit? Yes No

4. Is the heart, in your estimation, clinically enlarged? Yes No

Blood pressure Date Systolic/Diastolic / mmHg

5a. Indicate the pulse rate min Is the pulse regular? Yes No

5b. If the heart rate is irregular, what is the frequency of irregularity? min

5c. What is the effect of exercise on the irregularity? Disappears Unchanged Increases

6. Is there any evidence of myocardial insufficiency (e.g. oedema of the ankles, lung crepitations or liver enlargement, etc.)?

7. Results of any previous examinations or investigations (attach copies of any results and investigations done)?

2: General health information (continued)

8. Diagnosis and remarks.

9. Names of previous medical attendants seen for this condition?

3: Verification of the identity of the insured life

Medical doctor's name

Initials

Address

Year of first qualifying

Telephone

Qualifications

HPC registration number

Practice number

I, the undersigned, declare that I have taken due and proper care to verify the true identity of the insured life and have witnessed his/her signature and I have inspected the insured life's:

Identity document

Temporary identity document

South African passport

Foreign passport

Driving licence

Signature of medical doctor

Date

We pay according to the Momentum fixed rate.