

Medical Questionnaire

HEART MURMUR/VALVE DISORDERS

Description: An extra or unusual sound heard during heartbeat.

Age of client: _____ Date discovered: _____

Type of murmur:

- Aortic
- Aortic Regurgitation
- Aortic Insufficiency
- Mitral
- Mitral Regurgitation
- Mitral Insufficiency
- Pulmonic
- Flow Murmur
- Innocent Murmur
- Other(name, if known): _____

Symptoms: _____

Has any medication prescribed for this: Yes No

If yes, provide details: _____

When was the last ECHO completed: _____

Results of ECHO: _____

Has any surgery been completed or has surgery been discussed: : Yes No

If yes, provide details: _____

Any other heart-related conditions present: _____
