

# Structural heart disorders questionnaire – Physician

Full name of applicant:

Application number:

1. Which structural heart disorder does/did your patient have?

2. When was the diagnosis made?

3. Please provide the dates and results of any relevant investigations, such as echocardiogram, etc..

4. Has surgery been performed or is there any intention to do so in the future? Yes  No   
If YES, please provide details, including date, nature of procedure, result and name of hospital.

5. Is your patient still attending any regular out-patient or specialist follow-up? Yes  No   
If YES, please provide details, including dates and name of hospital.

6. Please comment on current cardiac symptoms, including severity of any residual regurgitation or similar.

7. Please advise details of any residual limitation of functional capacity.

8. What is the current treatment? Please include drug names and dosages.

9. Are there any associated complications, e.g. arrhythmias, heart enlargement, hypertension, etc., or any other co-morbid conditions which may impact the prognosis of this disorder? Yes  No   
If YES, please provide details.

10. Please comment on any impact on your patient's ability to work including details of any time off work in the last 5 years.

Signature

Date

Please print name and add clinic stamp