

CONDITION	UNDERWRITING FACTORS
<p><b>Alcohol:</b> Alcohol abuse, addiction or dependency leading to social, medical, and legal issues. Alcoholics have an uncontrollable need for alcohol and continue drinking despite adverse social and occupational consequences.</p> <p>If client has received treatment in the past and uses any alcohol currently, do not submit an application</p>	<p><b>History of Condition:</b></p> <ul style="list-style-type: none"> <li>• When did condition begin?</li> <li>• Time since stopped drinking?</li> <li>• Relapses? Date of last drink?</li> <li>• Reason for stopping?</li> <li>• Traffic violations or legal problems caused by alcohol?</li> <li>• Stable job and home life?</li> </ul> <p><b>Treatment/Therapy:</b></p> <ul style="list-style-type: none"> <li>• Hospitalization required?</li> <li>• In/out-patient therapy?</li> <li>• Member of AA or support group?</li> <li>• Any use of Antabuse?</li> </ul> <p><b>Current Condition:</b></p> <ul style="list-style-type: none"> <li>• Normal blood studies? (i.e. Liver) Function tests: SGOT, SGPT, GGTP</li> </ul> <p><b>Related Issues:</b></p> <ul style="list-style-type: none"> <li>• Client treated for drug problem?</li> <li>• Court-appointed treatment?</li> </ul>
<p><b>Alzheimer’s Disease:</b> Dementia caused by degeneration of the brain resulting in loss of cognitive function, memory loss of recent or past events, personality and mood changes.</p>	<p><b>History of Condition:</b></p> <ul style="list-style-type: none"> <li>• Onset date of symptoms?</li> <li>• Severity?</li> <li>• Impaired judgment?</li> <li>• Rate of progression?</li> <li>• Activities of Daily Living?</li> <li>• Living independently?</li> <li>• Any assistance required?</li> <li>• Medication: type and dosage?</li> <li>• Any other medical conditions?</li> </ul>
<p><b>Anemia:</b> Decrease in the number of red blood cells or hemoglobin in the blood due to blood loss, decreased production in the bone marrow, or increased destruction (hemolysis) of red blood cells.</p>	<p><b>History of Condition:</b></p> <ul style="list-style-type: none"> <li>• Date of diagnosis?</li> <li>• Type of anemia?</li> <li>• Cause of anemia?</li> <li>• Treatment—type and dosage?</li> <li>• Recent red blood count (RBC), hemoglobin (Hgb), and mean corpuscular volume (MCV) results?</li> <li>• Any other medical conditions?</li> </ul>

<p><b>Aneurysm:</b> An aneurysm is a dilation or ballooning in the wall of an artery that can be caused by atherosclerosis or uncontrolled blood pressure. Rupture of the aneurysm can be life-threatening. Aneurysms can be found in any artery, but the most common are:</p> <ul style="list-style-type: none"> <li>• Aortic—abdominal or thoracic</li> <li>• Cerebral</li> <li>• Atrial or ventricular</li> </ul>	<p><b>History of Condition:</b></p> <ul style="list-style-type: none"> <li>• Type of Aneurysm</li> <li>• Date of Initial Diagnosis?</li> <li>• Dates of imaging studies, and size at each test</li> <li>• Stable in size or increasing? If stable, for how long?</li> <li>• Treated surgically? If so, what type of treatment, and date?</li> <li>• Smoker? If previously a smoker, how long since quit?</li> <li>• Other health issues (pain in legs when walking? Elevated Cholesterol? Hypertension? Diabetes? CAD or Cerebrovascular Disease?)</li> <li>• Medications?</li> </ul>
<p><b>Angina Pectoris</b></p>	<p>See Coronary Artery Disease</p>
<p><b>Angioplasty</b></p>	<p>See Coronary Artery Disease</p>
<p><b>Anorexia Nervosa:</b> A psychiatric disorder characterized by a fear of obesity, low body weight, and a distorted body image.</p>	<p><b>History of Condition:</b></p> <ul style="list-style-type: none"> <li>• Date of diagnosis?</li> <li>• Age at diagnosis?</li> <li>• Current and prior height/weight?</li> <li>• Type of treatment?</li> <li>• Hospitalization required?</li> <li>• Medication: type and dosage?</li> <li>• Does client have a normal lifestyle now?</li> <li>• Length of recovery?</li> <li>• Any other mental health disorder/issue?</li> </ul>
<p><b>Anxiety Disorders:</b> Anxiety neurosis, phobias, and obsessive compulsive disorders</p>	<p><b>History of Condition:</b></p> <ul style="list-style-type: none"> <li>• Date of diagnosis?</li> <li>• Severity of disorder?</li> <li>• Frequency of any panic attacks?</li> <li>• Type of treatment?</li> <li>• Medication: type and dosage?</li> <li>• Dates of any suicidal thoughts or attempts?</li> <li>• Dates of any hospitalization(s)?</li> <li>• Functional and/or recovered?</li> </ul> <p><b>Related Issues:</b></p> <ul style="list-style-type: none"> <li>• Driving history?</li> </ul>
<p><b>Arrhythmia:</b> Deviation from the normal rhythm of the heart.</p> <p>Specific arrhythmic impairments include: Sinus bradycardia, sinus tachycardia, paroxysmal tachycardia, paroxysmal atrial tachycardia, paroxysmal ventricular tachycardia, sick sinus syndrome, irregular/ectopic pulse, atrial fibrillation, atrial flutter, ventricular fibrillation, and wandering pacemaker.</p>	<p><b>Description of Condition:</b></p> <ul style="list-style-type: none"> <li>• Date of diagnosis?</li> <li>• What is the specific arrhythmia?</li> <li>• Cause of arrhythmia?</li> <li>• Dates of first and last attack?</li> <li>• Frequency of episodes?</li> <li>• Client's symptoms?</li> <li>• Any associated conditions/health problems?</li> </ul> <p><b>Treatment:</b></p> <ul style="list-style-type: none"> <li>• Dates and type of treatment received?</li> <li>• Medication: type and dosage</li> <li>• Any complications from treatment?</li> <li>• Does client have a pacemaker?</li> </ul>
<p><b>Arteriosclerosis</b></p>	<p>See Coronary Artery Disease</p>

<p><b>Asthma:</b> Lung disorder characterized by reversible obstruction of the bronchi (bronchospasm) or increased hypersensitivity of the airways to various stimuli (allergens, dust, chemicals, exercise, or cold air). Symptoms include coughing, shortness of breath, and intermittent wheezing.</p>	<p><b>History of Condition:</b></p> <ul style="list-style-type: none"> <li>• Date and age at diagnosis?</li> <li>• Type and severity? Any status asthmaticus?</li> <li>• Results of pulmonary function tests (FVC and FEV1)?</li> <li>• Frequency of attacks? Dates of first/most recent attacks?</li> <li>• Any hospitalization or ER visits?</li> <li>• Medication: type and dosage?</li> <li>• Client's occupation?</li> <li>• Current and prior smoking history?</li> </ul>
<p><b>Barrett's Esophagus</b></p>	<p>See Esophagus</p>
<p><b>Build:</b> Overweight, underweight, or rapid weight loss</p>	<ul style="list-style-type: none"> <li>• Client's height and weight?</li> <li>• Weight gain/loss in past year?</li> <li>• How and why did weight change?</li> <li>• Gastric bypass?</li> <li>• How long has current weight been maintained?</li> <li>• Any other impairments or conditions?</li> </ul>
<p><b>Bulimia Nervosa:</b> A psychiatric disorder characterized by self-induced vomiting, use of laxatives or diuretics, binge eating episodes, and a preoccupation with body image.</p>	<p><b>History of Condition:</b></p> <ul style="list-style-type: none"> <li>• Date of diagnosis?</li> <li>• Age at diagnosis?</li> <li>• Current and prior height/weight?</li> <li>• Type of treatment?</li> <li>• Hospitalization required?</li> <li>• Medication: type and dosage?</li> <li>• Does client have a normal lifestyle now?</li> <li>• For how long?</li> <li>• Other psychiatric disorders?</li> </ul>
<p><b>Bypass Surgery</b></p>	<p>See Coronary Artery Disease</p>
<p><b>Cancer:</b> Cancer, neoplasia, and malignancy are interchangeable terms used to describe a pathological condition of cellular growth that is invasive and has a tendency to metastasize (spread to other parts of body). Prognosis varies by tumor type, stage, and grade.</p>	<p><b>History of Condition:</b></p> <ul style="list-style-type: none"> <li>• Type and location of cancer?</li> <li>• Date of diagnosis?</li> <li>• Pathology results: tumor size, stage, and grade?</li> <li>• Did cancer spread (metastasize)? Where?</li> </ul> <p><b>Treatment:</b></p> <ul style="list-style-type: none"> <li>• Describe treatment and start/end dates (including surgery, chemotherapy, and radiation)</li> <li>• Medication: type and dosage; start/end dates?</li> </ul> <p><b>Current Condition:</b></p> <ul style="list-style-type: none"> <li>• Recurrence?</li> <li>• Results of interim testing?</li> <li>• Date and outcome of last physician visit?</li> </ul>

<p><b>Cerebrovascular Disease:</b></p> <ul style="list-style-type: none"> <li>• Cerebral vascular accidents (CVA) or strokes resulting from interruption of blood flow to the central nervous system. Causes include: <ul style="list-style-type: none"> <li>• Thrombosis due to atherosclerosis</li> <li>• Embolism</li> <li>• Hemorrhage due to aneurysm</li> <li>• Hypotension (low BP) due to arrhythmias</li> <li>• Vasculitis</li> </ul> </li> <li>• Transient ischemia attack (TIA) is a short interruption in blood supply to a portion of the brain, resulting in temporary neurological symptoms usually lasting 24 hours or less. TIAs frequently precede a Stroke.</li> </ul>	<p><b>History of Condition:</b></p> <ul style="list-style-type: none"> <li>• Type and dates of episodes?</li> <li>• Underlying cause, if known?</li> </ul> <p><b>Tests and Treatment:</b></p> <ul style="list-style-type: none"> <li>• Treatment and surgical history?</li> <li>• Medication: type and dosage</li> <li>• Results of carotid ultrasound, angiography, Stress EKG treadmill testing, coronary angiogram, and echocardiography?</li> </ul> <p><b>Current Condition:</b></p> <ul style="list-style-type: none"> <li>• Current medical status?</li> <li>• Residual side effects/ impairments?</li> <li>• Any other medical problems or issues with circulation?</li> <li>• Current and prior smoking history?</li> </ul>
<p><b>Cirrhosis</b></p>	<p>See Liver Disorders</p>
<p><b>Congenital Heart Disease:</b></p> <p>Congenital heart disease is a type of defect or malformation in one or more structures of the heart or blood vessels that occurs before birth. Congenital heart defects may produce symptoms at birth, during childhood, and sometimes not until adulthood. Examples include:</p> <ul style="list-style-type: none"> <li>• Coarctation of the aorta</li> <li>• Patent ductus arteriosus</li> <li>• Tetralogy of fallot</li> <li>• Atrial and ventricular septal defects</li> </ul>	<p><b>History of Condition:</b></p> <ul style="list-style-type: none"> <li>• Type of congenital abnormality?</li> <li>• Severity?</li> <li>• Treatment including dates and type of any surgical procedures?</li> <li>• Any heart enlargement?</li> <li>• Any arrhythmias?</li> <li>• Any residual issues postsurgery?</li> <li>• Medication: type and dosage?</li> <li>• Any other medical conditions?</li> <li>• Current and prior smoking history?</li> </ul>
<p><b>COPD (Chronic obstructive pulmonary disease) / Emphysema / Chronic bronchitis / Chronic obstructive lung disease (COLD):</b></p> <p>Chronic obstructive pulmonary disease (COPD) is a group of lung diseases where airflow through the airways leading to and within the lungs is partially blocked, resulting in difficulty breathing. As the disease progresses, breathing becomes more difficult and complicates normal activities.</p> <ul style="list-style-type: none"> <li>• Chronic bronchitis: Inflammation occurs in the bronchial tubes.</li> <li>• Emphysema: Permanent lung damage to the air sacs (alveoli) at the end of the airways.</li> </ul> <p>COPD is a gradually progressive disease with more rapid progression in individuals who continue to smoke. In many individuals with COPD, the airway obstruction is partially reversible in response to bronchodilators.</p>	<p><b>History of Condition:</b></p> <ul style="list-style-type: none"> <li>• Date of diagnosis?</li> <li>• Medication: type and dosage?</li> <li>• Results of pulmonary function tests (FVC and FEV1)?</li> <li>• Shortness of breath at rest or with exercise?</li> <li>• Chest X-ray results?</li> <li>• Any heart condition or arrhythmias?</li> <li>• Oxygen use?</li> <li>• Is client underweight?</li> <li>• Current and prior smoking history?</li> </ul>

<p><b>Coronary Artery Disease:</b> Restriction of oxygen to the heart cause by atherosclerosis (narrowed arteries), thrombosis, or spasm. When blood flow becomes compromised due to stenosis, it leads to symptoms of chest pain (a.k.a. angina or ischemia). Plaques can rupture and release debris that prompts the formation of blood clots, a common cause of heart attacks and strokes. If the plaque blocks the artery completely, the area of the heart that is being supplied by the artery dies, resulting in a myocardial infarction (heart attack).</p>	<p><b>History of Condition:</b></p> <ul style="list-style-type: none"> <li>• Date of diagnosis?</li> <li>• Onset age?</li> <li>• Severity of disease—Number and names of vessels affected?</li> <li>• Surgical history—bypass or angioplasty (with or without heart stent)?</li> <li>• Medication: type and dosage?</li> <li>• Dates and results of angiograms, stress tests, and perfusion studies?</li> <li>• Ejection fraction (EF) &gt; 50%?</li> <li>• Any symptoms post-operatively?</li> <li>• Blood pressure and cholesterol levels?</li> <li>• Active lifestyle?</li> <li>• Family history of early death from coronary disease?</li> <li>• Current and prior smoking history?</li> </ul>
<p><b>Crohn's Disease:</b> Crohn's disease may also be called ileitis or enteritis. Crohn's disease usually occurs in the lower part of the small intestine, called the ileum, but it can affect any part of the digestive tract, from the mouth to the anus. Attacks can be chronic or isolated. Complete remission can occur, but surgery is frequently required due to failure of drug therapy or complications. Crohn's can recur post-operatively.</p>	<p><b>History of Condition:</b></p> <ul style="list-style-type: none"> <li>• Date of diagnosis?</li> <li>• Frequency and severity of attacks?</li> <li>• Date of last attack?</li> <li>• Type of treatment received?</li> <li>• Hospitalization or surgery?</li> <li>• Medication: type and dosage?</li> <li>• Any ongoing symptoms or complications?</li> <li>• Underweight or anemic?</li> </ul>
<p><b>Depression:</b></p> <ul style="list-style-type: none"> <li>• Manic depression/Bipolar disorder: cyclical swings between elation and despair.</li> <li>• Reactive depression: depression caused by an external situation that is relieved when situation is removed.</li> </ul>	<p><b>History of Condition:</b></p> <ul style="list-style-type: none"> <li>• Date of diagnosis?</li> <li>• Cause of depression?</li> <li>• Type of treatment?</li> <li>• Dates of any hospitalization?</li> <li>• Medication: type and dosage?</li> <li>• Dates of any suicidal thoughts or attempts?</li> <li>• Functional and/or recovered?</li> </ul> <p><b>Related Issues:</b></p> <ul style="list-style-type: none"> <li>• Driving history?</li> </ul>

<p><b>Diabetes Mellitus:</b> A chronic disease occurring when the pancreas does not produce enough insulin. The body's ability to utilize carbohydrates and break down fats is reduced. Sugars build up in the blood and urine, leading to complications affecting the heart, brain, legs, eyes, kidneys, and nerves. Uncontrolled diabetes can result in angina, heart failure, stroke, leg cramps on walking (claudication, peripheral vascular disease), poor vision, renal failure, and damage to nerves (neuropathy).</p> <p>The diagnosis of diabetes is made when an individual has high blood sugar levels in the blood, increased thirst, urination, hunger, frequent infections, or signs of any of the complications associated with diabetes.</p> <p>To confirm a diagnosis, physicians will measure the level of a protein in the blood, hemoglobin A1C (a.k.a. glycolated or glycosylated hemoglobin).</p> <p><b>Types:</b></p> <ul style="list-style-type: none"> <li>• Type 1, Insulin dependent (IDDM), Juvenile onset diabetes</li> <li>• Type 2, Non-insulin dependent (NIDDM), Adult onset diabetes mellitus (AODM)]</li> <li>• Gestational diabetes</li> <li>• Pancreatic failure</li> </ul>	<p><b>History of Condition:</b></p> <ul style="list-style-type: none"> <li>• Date of diagnosis?</li> <li>• Type of diabetes?</li> <li>• Client's age at onset?</li> </ul> <p><b>Tests and Treatment:</b></p> <ul style="list-style-type: none"> <li>• Medication: type and dosage?</li> <li>• How often does client test sugar levels at home and visit his/her doctor?</li> <li>• Date of last visit?</li> </ul> <p><b>Current Condition:</b></p> <ul style="list-style-type: none"> <li>• Degree of control?</li> <li>• Latest and average of hemoglobin A1C readings?</li> <li>• Any complications or other medical impairments?</li> <li>• Overweight?</li> <li>• Current and prior smoking history?</li> </ul>
<p><b>Diverticulosis and Diverticulitis:</b> Diverticula are small pouches that form through the muscular layer of the intestinal wall. Diverticulitis is the inflammation of one or more of these pockets. Complications include abscess, fistula, or obstruction of the colon that require surgery.</p>	<p><b>History of Condition:</b></p> <ul style="list-style-type: none"> <li>• Date of diagnosis?</li> <li>• Frequency and severity of attacks?</li> <li>• Date of last attack?</li> <li>• Hospitalization or surgery?</li> <li>• Medication: type and dosage?</li> <li>• Any ongoing symptoms or complications?</li> </ul>
<p><b>Drugs:</b> A chemical substance that alters mental, emotional, or bodily function. Usually applied to narcotics, it also includes prescription drugs, which can be abused when dosages are exceeded.</p>	<p><b>History of Condition:</b></p> <ul style="list-style-type: none"> <li>• Type of drugs used by client?</li> <li>• Amount?</li> <li>• Frequency of use?</li> <li>• How long client has been clean?</li> <li>• Any relapses?</li> <li>• History of drug overdose?</li> </ul> <p><b>Treatment:</b></p> <ul style="list-style-type: none"> <li>• Rehab program?</li> <li>• In/out patient?</li> <li>• Duration of stay?</li> </ul> <p><b>Related Issues:</b></p> <ul style="list-style-type: none"> <li>• Use or abuse of alcohol?</li> <li>• Suffer from depression?</li> <li>• Stable job and home life?</li> <li>• Any other medical problems?</li> <li>• Traffic violations or legal problems caused by drug use?</li> </ul>

<p><b>EKG and Stress EKG Abnormalities:</b>          Electrocardiograms measure the electrical activity of the heart through special sensors placed strategically on the chest, arms, and legs. The electrodes are connected to a machine that translates the electrical activity into line tracings on paper. The tracings are analyzed by the machine, the physician, skilled underwriters, or nurses.</p> <p>A resting EKG may suggest:</p> <ul style="list-style-type: none"> <li>• Problems with heart rhythm or rate (arrhythmias)</li> <li>• Heart enlargement</li> <li>• Inflammation of the lining of the heart (pericarditis)</li> <li>• Insufficient blood flow (ischemia)</li> <li>• Prior injury (myocardial infarction)</li> <li>• Electrical abnormalities caused by electrolyte imbalance in the body.</li> </ul> <p>Stressing the heart through exercise (treadmill or bike) or using a medication increases the heart rate, blood pressure, and demand on the heart muscle. Ischemia may occur during exercise in areas of the heart supplied by narrowed coronary arteries. Other symptoms (shortness of breath, chest pain, claudication) can be strong predictors of this or other vascular impairments.</p>	<p><b>History of Condition:</b></p> <ul style="list-style-type: none"> <li>• Onset date of abnormalities?</li> <li>• Type of abnormality?</li> <li>• How long have the findings been stable over time?</li> <li>• Results of any advanced testing: i.e., resting or stress echocardiograms, MUGA, thallium stress tests, angiograms, doppler?</li> <li>• Any underlying vascular disease?</li> </ul>
<p><b>Emphysema</b></p>	<p>See COPD</p>
<p><b>Epilepsy/Seizures:</b>          Abnormal discharges within the brain characterized by recurring attacks of motor, sensory, or psychic malfunction, with or without loss of consciousness, convulsive movements, and urinary incontinence. Seizures can cause falls, drowning, and accidents. A prolonged seizure condition called status epilepticus can lead to coma or death.</p>	<p><b>History of Condition:</b></p> <ul style="list-style-type: none"> <li>• Type: grand mal/petit mal?</li> <li>• Dates of 1st/most recent attacks?</li> <li>• Number of attacks per year?</li> <li>• Type of treatment received?</li> <li>• Medication: type and dosage?</li> <li>• Client's occupation?</li> <li>• Any traffic violations or incidents?</li> </ul>

<p><b>Esophagitis:</b> Inflammation of the esophagus is a complication of gastroesophageal reflux disease (GERD). If GERD is left untreated, esophagitis can cause bleeding, ulcers, and chronic scarring. This scarring can narrow the esophagus, eventually interfering with swallowing.</p> <p>Chronic or longstanding GERD can lead to Barrett's esophagus. Barrett's esophagus results when the normal cells of the esophagus are replaced with cells similar to those of the intestine. It is a precancerous lesion that increases the risk of esophageal cancer.</p>	<p><b>History of Condition:</b></p> <ul style="list-style-type: none"> <li>• Date of diagnosis?</li> <li>• Details/type of treatment?</li> <li>• Hospitalization or surgery?</li> <li>• Results of upper GI series and endoscopies? Any Barrett's?</li> <li>• Medication: type and dosage?</li> <li>• Any ongoing symptoms or complications (i.e., hemorrhage or perforation)?</li> <li>• Underweight or anemic?</li> <li>• Current and prior alcohol use—type, quantity, and frequency?</li> <li>• Current and prior smoking history?</li> </ul>
<p><b>Fatty Liver</b></p>	<p>See Liver Disorders</p>
<p><b>Fibrocystic Breast Disease:</b> Generalized breast lumpiness, also called fibrocystic breast changes or benign (noncancerous) breast disease.</p>	<p><b>History of Condition:</b></p> <ul style="list-style-type: none"> <li>• Date of diagnosis?</li> <li>• Any hyperplasia or dysplasia on biopsy?</li> <li>• Any personal or family history of breast cancer?</li> <li>• Breast exams and mammograms performed regularly?</li> </ul>
<p><b>Gilbert's Disease (Familial Hyperbilirubinemia):</b> Gilbert's Disease is a benign, hereditary condition disorder leading to a defect in the removal of bilirubin from the liver. Blood tests reveal elevated unconjugated/indirect bilirubin. Most people avoid serious health problems for normal life expectancy.</p>	<p><b>History of Condition:</b></p> <ul style="list-style-type: none"> <li>• Date of diagnosis?</li> <li>• Results of any liver biopsies or ultrasounds?</li> <li>• Past and recent liver function test results—bilirubin, alkaline phosphatase, SGOT, SGPT, and GGTP</li> </ul>
<p><b>Glomerulonephritis (Bright's disease):</b> The kidneys' filters (glomeruli) become inflamed and scarred, losing their ability to remove wastes and excess water from the blood to make urine. As the kidney damage progresses, symptoms may develop, such as: blood (hematuria) and protein (proteinuria) in the urine; swelling (edema) in the hands, feet, and ankles; and elevated blood pressure. If left untreated, the condition can lead to kidney failure. Treatment aims to slow the progression and prevent complications.</p>	<p><b>History of Condition:</b></p> <ul style="list-style-type: none"> <li>• Date of diagnosis?</li> <li>• Details/type of treatment?</li> <li>• Dates and results of renal biopsy?</li> <li>• Results of latest urinalysis?</li> <li>• Past and recent kidney function test results—BUN, creatinine, 24-hr. urine protein</li> <li>• Any other medical conditions?</li> </ul>

<p><b>Heart Enlargement/Cardiomegaly:</b>  Enlargement can be diagnosed on examination, by X-ray, suggested on a resting EKG, or through “the Gold Standard,” an echocardiogram (ultrasound of the heart). The enlargement can be a concentric or asymmetric thickening (hypertrophy) of the left ventricular wall or dilation of a heart chamber (atria or ventricles)</p> <p>Some causes of heart enlargement:</p> <ul style="list-style-type: none"> <li>• Arrhythmia</li> <li>• Cardiomyopathy</li> <li>• Congenital heart disease</li> <li>• Hypertension</li> <li>• Obesity</li> <li>• Pericardial effusion</li> <li>• Pulmonary hypertension</li> <li>• Sleep apnea</li> <li>• Valvular heart disease</li> </ul> <p><b>Normal Ranges on Echocardiogram:</b>  Left atrial dimension (LA): 1.9–4.0 cm  Left ventricular dimension at end-diastole (LVED): 3.7–5.6 cm  Right ventricular dimension at end-diastole (RVED): 0.7–2.8 cm  Interventricular septum (IVS) thickness at enddiastole: 0.6–1.2 cm  LV posterior wall (LVPW) thickness at end-diastole: 0.6–1.2 cm  IVS/LVPW ratio: &lt; 1.3 cm  Aortic root dimension: 2.0–4.0 cm</p>	<p><b>History of Condition:</b></p> <ul style="list-style-type: none"> <li>• Date of diagnosis?</li> <li>• Type and severity?</li> <li>• Results of any Echocardiograms?</li> <li>• Any other medical conditions?</li> </ul> <p><b>Current Condition:</b></p> <ul style="list-style-type: none"> <li>• Current symptoms?</li> <li>• Restrictions on activities?</li> <li>• Does the client smoke?</li> </ul>
<p><b>Heart Murmur</b></p>	<p>See Valvular Heart Disease</p>
<p><b>Hemochromatosis (Bronzed Diabetes):</b>  Hemochromatosis is a condition that develops when too much iron builds up in the body, resulting in damage to tissues and eventually organ dysfunction. Diagnosis is made through blood tests of iron, transferrin, and ferritin levels.</p> <p>Excess iron can lead to:</p> <ul style="list-style-type: none"> <li>• Bronze pigmentation of the skin</li> <li>• Cirrhosis</li> <li>• Cardiomyopathy</li> <li>• Liver failure</li> <li>• Liver cancer</li> </ul> <p>Hemochromatosis is treated by getting rid of extra iron in the body through regular blood loss (phlebotomy) or use of chelating agents that gather up excess iron and remove it through the urine.</p> <p>If hemochromatosis is treated early, most people have a normal life expectancy.</p>	<p><b>History of Condition:</b></p> <ul style="list-style-type: none"> <li>• Date of diagnosis?</li> <li>• Severity of liver disease?</li> <li>• Results of any liver biopsies or ultrasounds?</li> <li>• Type and dates of treatments?</li> <li>• Past and recent liver function test results—SGOT, SGPT, GGTP</li> <li>• Past and recent serum transferrin saturation, ferritin level, serum iron</li> </ul>
<p><b>Hepatitis</b></p>	<p>See Liver Disorders</p>

<p><b>Hypertension:</b> Age, gender, genetics, obesity, salt consumption, psychological stress, trauma, pregnancy, kidney disease, endocrine disorders, and tumors can affect blood pressure levels. When BP levels are elevated over time, the risk for developing coronary artery disease, cerebrovascular accidents (CVA, stroke), kidney disorders, and congestive heart failure (CHF) increases. The risk of death from hypertension is further increased when combined with other coronary risk factors such as build, smoking, diabetes, family history, and elevated lipids (cholesterol and triglycerides).</p>	<p><b>History of Condition:</b></p> <ul style="list-style-type: none"> <li>• Date of diagnosis?</li> <li>• Medications: type and dosage?</li> <li>• Compliant with treatment and visits to their physician?</li> <li>• Degree of control—Current BP levels and readings for the past 2 years?</li> <li>• Any other medical conditions?</li> <li>• Normal results on EKGs, stress tests, perfusion studies, and echocardiograms?</li> </ul>
<p><b>Kidney Disease:</b> Chronic kidney disease (CKD) is a condition that occurs when the kidneys lose their ability to remove waste or maintain the proper fluid and chemical balances in the body.</p>	<p><b>History of Condition:</b></p> <ul style="list-style-type: none"> <li>• Type of kidney disease?</li> <li>• Date of diagnosis?</li> <li>• Results of biopsies/ultrasounds?</li> <li>• Type and dates of treatments?</li> <li>• Kidney function test results: BUN, creatinine, 24-hr. urine protein</li> <li>• Blood pressure levels controlled?</li> </ul>
<p><b>Kidney Transplant:</b> Surgical replacement of diseased kidneys with a healthy (donor) kidney. There are two types of donors.</p> <ul style="list-style-type: none"> <li>• Living donors—a family member (living related donor [LRD]) or a spouse or close friend (living unrelated donor [LURD]). Transplants using kidney of first-degree relative (father, mother, brother, sister) are most successful.</li> <li>• Cadaver donor: If there are no compatible living related or unrelated kidney donors, transplant patients are placed on a waiting list to receive a kidney from a person who has recently died (cadaver kidney).</li> </ul> <p>To reduce the likelihood of rejection and ensure the donor kidney matches the patient's tissue blood type, blood tests are done prior to transplant.</p>	<p><b>History of Condition:</b></p> <ul style="list-style-type: none"> <li>• Date of transplant?</li> <li>• What condition led to transplant?</li> <li>• Source of donated kidney?</li> <li>• Signs of rejection or infection with transplanted kidney?</li> <li>• Type of immunosuppressive therapy used?</li> <li>• Results of current kidney function tests? (BUN, creatinine, 24-hr. urine protein)</li> </ul>
<p><b>Liver disorders:</b> Liver disease can include the build-up of fat (fatty liver), inflammation from a variety of causes (hepatitis), viral infection (viral hepatitis), scarring/fibrosis, and cell damage (cirrhosis).</p>	<p><b>History of Condition:</b></p> <ul style="list-style-type: none"> <li>• Date of diagnosis?</li> <li>• Type and severity of liver disease?</li> <li>• Liver biopsies/ultrasound results?</li> <li>• Type and dates of treatments?</li> <li>• Recovered?</li> <li>• Past and recent liver function test results—SGOT, SGPT, GGTP</li> <li>• Hepatitis cases: viral load?</li> <li>• Current and prior alcohol use—type, quantity, and frequency?</li> </ul>

<p><b>Lupus:</b> Systemic lupus erythematosus (SLE) is an autoimmune disease, meaning that the immune system turns against the body it is designed to protect. Lupus can affect many parts of the body, including the joints, skin, kidneys, heart, lungs, blood vessels, blood levels, and central nervous system. Some of the most common symptoms are fatigue, swollen or painful joints (arthritis), unexplained fever, and skin rashes.</p>	<p><b>History of Condition:</b></p> <ul style="list-style-type: none"> <li>• Date of diagnosis?</li> <li>• Dates of flare-ups and remission?</li> <li>• What are primary symptoms and any complications?</li> <li>• Medication: type and dosage?</li> <li>• Any physical limitations/disability?</li> <li>• Any other medical conditions?</li> </ul> <p>Kidney function test results? BUN, creatinine, 24-hr. urine protein</p>
<p><b>Mitral Valve Prolapse</b></p>	<p>See Valvular Heart Disease</p>
<p><b>Multiple Sclerosis:</b> Degenerative disease of the central nervous system, in which hardening of tissue occurs throughout the brain and/or spinal cord. Symptoms include visual and sensory disturbances, weakness, lack of coordination, tremor, and spastic paraplegia.</p>	<p><b>History of Condition:</b></p> <ul style="list-style-type: none"> <li>• Date of diagnosis?</li> <li>• Suspected or definite diagnosis?</li> <li>• What are primary symptoms?</li> <li>• Dates and frequency of attacks and remission?</li> <li>• Medication: type and dosage?</li> <li>• Is client's condition stable?</li> <li>• Is client ambulatory and independent?</li> <li>• Using braces, walker, or wheelchair?</li> <li>• Any problems with kidneys or bladder?</li> <li>• Currently employed or disabled?</li> </ul>
<p><b>Muscular Dystrophy:</b> Inherited, progressive muscular weakness due to irreversible muscle fiber degeneration.</p>	<p><b>History of Condition:</b></p> <ul style="list-style-type: none"> <li>• Date of diagnosis?</li> <li>• Type of muscular dystrophy?</li> <li>• Degree of physical impairment and rate of progression?</li> <li>• Type of treatment?</li> <li>• Medication: type and dosage?</li> <li>• Any other medical conditions?</li> </ul>
<p><b>Osteopenia and Osteoporosis:</b> Osteopenia and osteoporosis refers to lower bone mineral density (BMD—bone mass and strength) that results when the rate of bone destruction exceeds the rate of bone formation. Osteoporosis does not result in death, but hip fractures can lead to pulmonary emboli and impaired mobility. Vertebral fractures can lead to back pain, hunchback, impaired</p>	<p><b>History of Condition:</b></p> <ul style="list-style-type: none"> <li>• Date of diagnosis?</li> <li>• Results of BMD, X-ray, MRI, and CT scans?</li> <li>• Stable? Rate of progression?</li> <li>• Medication: type and dosage?</li> <li>• Any fractures, mobility problems, spinal curvature, or disability?</li> </ul>
<p><b>Paraplegia, Quadriplegia:</b> Paralysis of legs, or arms and legs.</p>	<p><b>History of Condition:</b></p> <ul style="list-style-type: none"> <li>• Date of onset?</li> <li>• Cause of paralysis?</li> <li>• Any respiratory problems?</li> <li>• Any bowel or bladder issues?</li> </ul>
<p><b>Parkinson's Disease:</b> Neurological disorder characterized by tremor, rigidity, and loss of motor control. The cause is unknown, but it can result from toxins, ischemia, infection, or trauma.</p>	<p><b>History of Condition:</b></p> <ul style="list-style-type: none"> <li>• Medication: type and dosage?</li> <li>• Onset date of symptoms?</li> <li>• Severity and degree of physical impairment?</li> <li>• Rate of progression?</li> <li>• Living independently?</li> <li>• Any assistance required?</li> <li>• Medication: type and dosage?</li> <li>• Any other medical conditions?</li> <li>• Impaired judgment?</li> </ul>

<p><b>Peptic Ulcer Disease:</b> Sores in the inner lining of the stomach (gastric) or upper small intestine (duodenal) develop when the stomach's digestive juices irritate and damage the tissue. Infection with <i>Helicobacter pylori</i> (<i>H. pylori</i>) promotes ulceration and inflammation.</p>	<p><b>History of Condition:</b></p> <ul style="list-style-type: none"> <li>• Date of diagnosis?</li> <li>• Medication: type and dosage?</li> <li>• Any blood in the stool?</li> <li>• Amount of any weight loss?</li> <li>• Any anemia—hemoglobin level?</li> <li>• Any difficulty swallowing (dysphagia) or jaundice?</li> <li>• Any obstruction?</li> <li>• Dates of any surgeries?</li> <li>• Current and prior smoking history?</li> <li>• Current and prior alcohol use—type, quantity, and frequency?</li> </ul>
<p><b>Peripheral Vascular Disease (PVD):</b> Atherosclerosis of the aorta and peripheral arteries. Peripheral vascular disease is most common in the vessels in the legs but can be present in the abdominal aorta, iliac, and renal arteries. Complications include skin ulcers and renal failure.</p>	<p><b>History of Condition:</b></p> <ul style="list-style-type: none"> <li>• Date of diagnosis?</li> <li>• Any surgeries?</li> <li>• Medication: type and dosage?</li> <li>• Any other conditions such as hypertension, elevated lipids?</li> <li>• Claudication (exercise-induced pain in legs)?</li> <li>• Normal kidney function?</li> <li>• Smoking history?</li> </ul>
<p><b>Polycystic Kidney Disease:</b> Enlargement of the kidneys due to the formation of bilateral multiple cysts. Hereditary condition with no known cure, although symptoms can be treated.</p>	<p><b>History of Condition:</b></p> <ul style="list-style-type: none"> <li>• Date of diagnosis?</li> <li>• Details/type of treatment?</li> <li>• Results of kidney function tests (BUN, serum creatinine tests, 24-hr. urine)?</li> <li>• BP levels controlled?</li> </ul>
<p><b>Rheumatoid Arthritis:</b> A chronic, inflammatory disease of unknown cause. The characteristic feature is joint deformity and persistent inflammation of the lining of the joints. Severity of the disease ranges from mild to a relentless, progressive polyarthritis with severe functional impairment. Some toxic forms of treatment can result in systemic complications.</p>	<p><b>History of Condition:</b></p> <ul style="list-style-type: none"> <li>• Date of diagnosis?</li> <li>• Medication: type and dosage?</li> <li>• Any steroid or immunosuppressant use?</li> <li>• Any complications from medication used?</li> <li>• Rheumatoid factor level and sedimentation rate?</li> <li>• Details re: any physical limitations or disability?</li> <li>• Any other medical conditions?</li> <li>• Any anemia—hemoglobin level?</li> </ul>
<p><b>Schizophrenia/Paranoia:</b> Group of severe mental/emotional disorders, often involving delusions, hallucinations, and bizarre behavior.</p>	<p><b>History of Condition:</b></p> <ul style="list-style-type: none"> <li>• Date of diagnosis?</li> <li>• How severe is disorder?</li> <li>• Type of treatment?</li> <li>• Hospitalization required?</li> <li>• Medication: type and dosage?</li> <li>• Client capable of managing own affairs?</li> <li>• Is client employed?</li> <li>• Taking drug therapy?</li> <li>• Type and dosage?</li> </ul>

<p><b>Sleep Apnea:</b> Cessation of breathing for at least ten seconds during sleep. Apnea Index is the number of apnea episodes per hour. Hypopnea is 30 to 50 percent impaired airflow lasting ten seconds or more. Respiratory distress index (RDI) is the total of apneas and hypopneas. The term “sleep apnea” is used to describe a wide spectrum of complaints from loud snoring to periods of respiratory arrest long enough to lead to hypoxemia. Usually caused by upper-airway obstruction (obstructive) or loss of brain center drive (central).</p>	<p><b>History of Condition:</b></p> <ul style="list-style-type: none"> <li>• Date of diagnosis?</li> <li>• Type and severity?</li> <li>• Type of treatment received?</li> <li>• Is client compliant with treatment?</li> <li>• Results of pre- and posttreatment sleep studies (polysomnograms): apnea index, hypopnea index, O2 saturation?</li> <li>• Is client overweight?</li> <li>• Any daytime sleepiness?</li> <li>• Any motor vehicle incidents?</li> <li>• Heart condition or arrhythmias?</li> <li>• Blood abnormalities (hemoglobin)</li> <li>• Use of alcohol or other sedatives?</li> </ul>
<p><b>Stroke</b></p>	<p>See Cerebrovascular Disease</p>
<p><b>Suicide Attempt</b></p>	<p><b>History of Condition:</b></p> <ul style="list-style-type: none"> <li>• Date of attempt?</li> <li>• Reason for attempt?</li> <li>• Multiple attempts?</li> <li>• Has client been hospitalized?</li> <li>• Medication: type and dosage?</li> <li>• Is client leading a normal life?</li> </ul>
<p><b>Transient Ischemic Attack (TIA)</b></p>	<p>See Cerebrovascular Disease</p>
<p><b>Ulcerative Colitis:</b> An inflammation of the mucosal layer of the wall of the large bowel.</p>	<p><b>History of Condition:</b></p> <ul style="list-style-type: none"> <li>• Date of diagnosis?</li> <li>• Frequency and severity of attacks?</li> <li>• Date of last attack? Treatment?</li> <li>• Hospitalization or surgery?</li> <li>• Medication: type and dosage?</li> <li>• Ongoing symptoms?</li> <li>• Underweight or anemic?</li> <li>• Any other medical conditions?</li> </ul>

**Valvular Heart Disease:**

Heart murmurs are classified as **functional** murmurs and **organic** murmurs based on the timing, loudness, duration, and location.

**Functional Murmurs** (also known as **physiologic** or **innocent** murmurs) are:

- Always systolic
- Soft (Grade 1 or 2)
- Non-radiating
- Present and unchanged for long periods

**Organic Murmurs** are:

- All diastolic murmurs
- Deformed heart valve caused by congenital heart disease, rheumatic heart disease, or atherosclerotic heart disease.
- Variety of heart murmurs caused by blood flow through a damaged heart or valve:
  - Aortic insufficiency
  - Aortic stenosis
  - Mitral insufficiency
  - Mitral stenosis
  - Mitral valve prolapse
  - Pulmonary insufficiency
  - Pulmonary stenosis
  - Tricuspid insufficiency
  - Tricuspid stenosis

**History of Condition:**

- Date of diagnosis?
- Type and severity of murmur?
- More than one murmur?

**Treatment:**

- Results of any echocardiograms?
- Describe treatment
- Dates and type of any surgeries?

**Related Issues:**

- Any cardiac, arrhythmia, or congestive heart failure history?
- Any heart enlargement?
- History of rheumatic fever?

**Current Condition:**

- Current symptoms?
- Restrictions on activities?
- Does the client smoke?