IRREGULAR HEARTBEAT

CLIENT NAME: _____ **Date:** _____

☐ Male ☐ Female Date of birth: _____ Height: _____' _____" Weight: _____

Tobacco Use: ☐ Never used ☐ Totally stopped Date stopped: _____ ☐ Use now Type of nicotine product: _____

Type of Coverage: ☐ Term ☐ UL ☐ Survivor ☐ Disability **Coverage Amount:** _____

Annual Income: _____ **Occupation/Job duties:** _____ **State of Residence:** _____

Anticipated Premium: _____

FAMILY HISTORY

Has proposed insured had a parent, brother or sister who had cancer, diabetes, stroke, heart or kidney disease or who died by suicide?

If yes, use separate sheet to provide this information, including age of onset and date of death

PROPOSED INSURED'S EXISTING INSURANCE			
Full Name of Company	Face Amount	Year Issued	Is Policy to be Replaced?

1. Date first diagnosed: _____ Frequency: _____ Duration: _____ Most recent episode date: _____

2. Is the irregular heatbeat due to (check all that apply):

☐ Premature supraventricular atrial beats (PACs)
☐ Premature ventricular beats (PVCs)
☐ Multifocal
☐ Bigeminy or trigeminy
☐ Ventricular tachycardia
☐ Supraventricular Tachycardia (SVT)
☐ A-V block
☐ Atrial fibrillation
☐ Other: _____

3. Are there any symptoms with the irregular heartbeat?

☐ Black-out ☐ Dizziness (lightheadedness)/faint feeling ☐ Palpitations ☐ Chest discomfort

4. Have any of the following tests been done? (If so, please give date and results)

☐ ECG Date: _____ Results: _____
☐ Stress test Date: _____ Results: _____
☐ Echocardiogram Date: _____ Results: _____
☐ Holter monitor Date: _____ Results: _____

5. The cause of the irregular heart beat is due to: ☐ Heart disease ☐ Alcohol ☐ Thyroid disease ☐ Unknown or other _____

6. Is client on any medications now? (accurate name, dosage, and reason)

(Accurate) Name of Medication	Dosage	Reason

7. Have you had an ablation? ☐ No ☐ Yes; Date: _____ Type: _____ Any recurrence? ☐ No ☐ Yes

8. Does client have any other major health issues? (additional questionnaires may be required) ☐ No ☐ Yes; please give details

_____

_____

