

Arrhythmia Questionnaire

SECTION I: AGENT INFORMATION

Full Name of Agent:

Agent's Phone Number

Agent's Fax Number

Agent's E-mail

SECTION II: CLIENT BACKGROUND INFORMATION

Client's Name

Date Of Birth:

Sex: Male Female

Smoker: Smoker Non-smoker

If history of smoking, date stopped?:

Occupation? (if not currently employed explain - ie: disabled, Social Security Disability Workman's Comp., etc.)

Type of product:

Face amount requested?

Premium Range Desired? (If replacement, list current premium and face amount)

Prior company action? (Name of company, rating, premium)

Type of medical impairment or other underwriting problem?

Date condition was first diagnosed?

Current height and weight? (If weight has changed in the last 12 months, please indicate)

Current blood pressure readings?

Name all medications currently being taken. Include dosage and frequency. (ie: 25mg. 2X per day)

Is client currently seeing a doctor for listed condition? Date of last visit?

Types and dates of surgery or hospital treatment?

Has any immediate relative (father, mother, sister, brother) died prior to age 60 of heart disease, diabetes complications, or cancer?

Any other medical history?

Any restrictions on activity? If "Yes," give details

Date of last stress test? Results?

Does client carry a pill (nitroglycerin) or does client ever wear a patch for chest pain? If "Yes," date last used?

Has client ever had any of the following: Syncope (fainting)? Dizziness? Palpitations? Congestive Heart Failure (CHF)? If "Yes," give dates and details

What does your client's Doctor call his/her abnormal heart rhythm? (Atrial Fibrillation, Tachycardia, PVC's, Palpitations)

Was cause given?

Was client ever cardioconverted (shocked with paddles to correct heartbeat)? Dates?

Does client have a pacemaker? Date inserted and date if replaced?