# HEART DISEASE—IRREGULAR HEART BEAT QUESTIONNAIRE

Agent: Phone: Fax:

Proposed Insured Name: _____ ❒ M ❒ F Date of Birth: _____
Face Amount: _____ Max. Premium: $_____/year ❒ UL ❒ WL ❒ Term ❒ Survivorship
Do you currently smoke cigarettes? ❒ Y ❒ N If no, did you ever smoke: ❒ Never ❒ Quit (Date): _____
Do you currently use any other tobacco products (e.g. cigars, pipe, snuff, nicotine patch, Nicorette gum...): ❒ Y ❒ N
If Yes, please provide details:_____
When did you last use any form of tobacco: _____ (Month) _____ (Year) Type used last: _____
Height: ____ft. ____in. Weight: ____lbs.

***(1) Date(s) or frequency of episode(s) of irregular heart beat:***

(a) Date of first episode: _____
(b) Recent frequency of episodes: _____
(c) Date of most recent episodes: _____

***(2) The irregular heart beat has been diagnosed as:***

❒ Paroxysmal atrial fibrillation (or flutter)
❒ Chronic atrial fibrillation (or flutter)
❒ Premature supraventricular (atrial) contractions (PACs)
❒ Premature ventricular contractions (PVCs)
❒ Other: _____

***(3) Provide dates if any of the following tests or procedures have been done to evaluate the irregular heart beats?***

❒ Resting EKG: _____ ❒ Stress EKG: _____
❒ Thallium Stress EKG: _____ ❒ Echocardiogram: _____
❒ Holter Monitor: _____ ❒ Chest X-ray: _____
❒ Other: _____

***(4) Please check the cause for the irregular heart beats, if known:***

❒ Unknown ❒ Heart disease - Type: _____
❒ Thyroid Disease ❒ Alcohol use
❒ Other: _____

***(5) Are there any symptoms that accompany episodes of irregular heart beat? If yes, check all that apply:***

❒ Dizziness or light headedness
❒ Black outs
❒ Chest pain
❒ Palpitations
❒ Other: _____

***(6) Does the proposed insured take any medications?*** ❒ No ❒ Yes Details:

| Name of Medication (Prescription or Otherwise) | Dates Used | Quantity Taken | Frequency Taken |
|---|---|---|---|
| | | | |
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***(7) Has a pacemaker been installed to control irregular year beats? If yes, date of installation:*** _____

***(8) Are there any other conditions that may impact life underwriting? If yes, please describe:*** _____

_____

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