Underwriting Questionnaire

Atrial Fibrillation



Producer Name		Phone	Da	te
Client Name		Date of Birt	h	_
☐ Male ☐ Female Fac	e Amount		Max Premium \$	/yr.
☐ Term ☐ Permanent	Has the client eve	r used any form o	of tobacco (cigarettes, cigars,	pipe, snuff, etc.)? □Yes □No
Frequency		Date of last use		Type
Age/date when first diagnosed_			Chronic (permanent)	Paroxysmal (intermittent)
Current medications				
What is the cause of the atrial f	ibrillation?			
Average number of episodes pe	er year	Date of last	: episode	
Has the client ever had an ablat	ion procedure? If y	es, please advise	date	
Has the client ever had a cardio	version? If yes, plea	ase advise date		
Does the client have a pacemak	er or defibrillator i	mplanted? If yes,	please advise:	
Type		Date of imp	olant	
Does the client have	reading(s)			Date
	-			tio Date
Have any of the following tests	been done			
	Date(s)	F	Results	
EKG				
Stress test				
Echocardiogram				
Holter monitor				
Other				

List any other major health problems the client has:



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