

# Underwriting Questionnaire

## Irregular Heart Beat



Producer Name \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Client Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Male  Female Face Amount \_\_\_\_\_ Max Premium \$ \_\_\_\_\_ /yr.

Term  Permanent Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)?  Yes  No

Frequency \_\_\_\_\_ Date of last use \_\_\_\_\_ Type \_\_\_\_\_

Date of first episode \_\_\_\_\_ Recent frequency of episodes \_\_\_\_\_ Date of most recent episode \_\_\_\_\_

The irregular heart beat has been diagnosed as

- Paroxysmal atrial fibrillation (flutter)  Chronic atrial fibrillation (flutter)  
 Premature supraventricular (atrial) contractions (PACs)  Premature ventricular contractions (PVCs)  
 Other \_\_\_\_\_

Provide dates if any of the following tests have been done to evaluate the irregular heart beat

- Resting EKG \_\_\_\_\_  Stress EKG \_\_\_\_\_  
 Thallium Stress EKG \_\_\_\_\_  Echocardiogram \_\_\_\_\_  
 Holter Monitor \_\_\_\_\_  Chest X-ray \_\_\_\_\_  
 Other \_\_\_\_\_

Select the cause of the irregular heart beat

- Unknown  Heart disease, Type \_\_\_\_\_  
 Thyroid disease  Alcohol use  
 Other \_\_\_\_\_

Are there any symptoms that accompany the episodes of irregular heart beat (select all that apply)?

- Dizziness or light headedness  Blackouts  
 Chest pain  Palpitations  
 Other \_\_\_\_\_

Has a pacemaker or defibrillator been installed to control irregular heart beats?  Yes  No If yes, date of installation and type of device

Procedures

- Ablation  Cardioversion Date \_\_\_\_\_

Name of Medication (prescription or otherwise)	Dates Used	Quantity Taken	Frequency Taken

List any other major health problems the client has: