Underwriting Questionnaire
Pacemaker

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 pacemaker implant _____

Reason for the implant _____

Provide dates if any of the following tests have been completed

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

Has the client been diagnosed as having any of the following

☐ Bradycardia ☐ Cardiomyopathy
☐ Paroxysmal atrial fibrillation ☐ Congenital heart block without other heart disorder
☐ Chronic atrial fibrillation ☐ Congenital heart block with other heart disorder
☐ Sick sinus syndrome ☐ Heart block associated with coronary artery disease
☐ Atrial flutter ☐ Heart block ___First Degree ___Second Degree ___Third Degree
☐ Other _____

Are there any current symptoms of any heart disease (select all that apply)

☐ Dizziness or light headedness ☐ Blackouts
☐ Chest pain ☐ Palpitations
☐ Other _____

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

List any other major health problems the client has:

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