

Heart Arrhythmias Questionnaire

Name Male Female Age _____ Date of Birth _____

Tobacco Use No Cigarettes Other tobacco _____ Date quit? _____

State _____ Amount of Insurance _____ Type of Insurance _____

Occupation/Source of income: _____

Irregular Heart Beat, Arrhythmias, Atrial Fibrillation or Flutter Premature ventricular contracts (PVCs)

1. Type of frequency of irregular heart diagnosed _____ Date diagnosed _____

2. Cause of irregular heart beat: Coronary heart disease, Cardiomyopathy, Heart murmur or mitral valve prolapse, Thyroid disease, Alcohol, Other: _____

3. List all heart medication (including aspirin): _____

4. Test Results: _____

Resting EKG- Normal, Abnormal

Stress EKG- Normal, Abnormal

Echocardiogram

Holter Monitor

General Questions:

1. Do you have any other major health problems? No Yes – Details: _____

2. List all medications: _____

3. Height: _____ Weight: _____ Most recent blood pressure reading: _____

Agent Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

The information gathered above will be used in the evaluation of the insurability of the applicant. All offers are tentative and are subject to verification of the submitted medical evidence and other criteria used in the underwriting of life insurance Copyright 2000 to 2004. By Fredric Berger. All rights reserved.