Irregular Heart Beat

Please answer all questions applicable to the client's medical history.

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: