



Heart Disease-Irregular Heart Beat Questionnaire

Name: _____ Date of Birth: _____

Height: _____ Weight: _____ Sex: M/F

Tobacco Usage: _____ Face Amount: _____

____Term 10 15 20 30 ____UL

1. Date(s) or frequency of episode(s) of irregular heart beat:

(a) Date of first episode: _____

(b) Recent frequency of episodes: _____

(c) Date of most recent episodes: _____

2. The irregular heart beat has been diagnosed as? (Check one)

____Paroxysmal atrial fibrillation (or flutter) ____Chronic atrial fibrillation

____Premature supraventricular (atrial) contractions (PACs) ____Other: _____

____Premature ventricular contractions (PVCs)

3. Provide dates if any of the following tests or procedures have been done?

____Resting EKG: _____ ____Stress EKG: _____

____Thallium Stress EKG: _____ ____Echocardiogram: _____

____Holter Monitor: _____ ____Chest X-ray: _____

____Other: _____

4. Please check the cause for the irregular heart beats:

____Unknown ____Heart disease - Type: _____

____Thyroid Disease ____Alcohol use

____Other: _____

5. Are there any symptoms that accompany episodes of irregular heart beat? (Check all that apply):

____Dizziness or light headedness ____Black outs ____Chest pain

____Palpitations ____Other: _____

6. Is the proposed insured taking any medication for this condition or any other? ____Yes ____No

(If yes, please provide the name, dosage, and frequency):

Name: _____ Dosage: _____ Frequency: _____

Name: _____ Dosage: _____ Frequency: _____

Name: _____ Dosage: _____ Frequency: _____

Name: _____ Dosage: _____ Frequency: _____

7. Has a pacemaker been installed to control irregular year beats? ____Yes ____No

(If yes, date of installation): _____

8. Are there any other conditions that may impact life underwriting? ____Yes ____No

(If yes, please describe): _____