



## Bundle Branch Block Questionnaire

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Sex: M/ F

Tobacco Usage: \_\_\_\_\_

Face Amount: \_\_\_\_\_

\_\_\_\_Term 10 15 20 30      \_\_UL

1. When was the proposed insured diagnosed? \_\_\_\_\_

2. Please check type of BBB present:

\_\_\_ CLBBB

\_\_\_ CRBBB

\_\_\_ LAHB or LPHB

\_\_\_ IRBBB

\_\_\_ Bifascicular block

3. Has there been any recent change in the ECG? \_\_\_Yes \_\_\_No

(If yes, please give details): \_\_\_\_\_

4. Has the proposed insured been diagnosed with any of the following: (check all that apply)

\_\_\_ Chest pain or coronary artery disease

\_\_\_ Cardiomyopathy

\_\_\_ High blood pressure

\_\_\_ Congenital heart disease

\_\_\_ Valvular heart disease

5. Have any cardiac studies been completed? (Check all that apply)

a. exercise treadmill or thallium:    \_\_\_no \_\_\_yes—normal    \_\_\_yes—abnormal

b. resting or exercise echocardiogram:    \_\_\_no \_\_\_yes—normal    \_\_\_yes—abnormal

c. other: specify: \_\_\_\_\_    \_\_\_no \_\_\_yes—normal    \_\_\_yes—abnormal

6. Is the proposed insured taking any medication? \_\_\_Yes \_\_\_No

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