



Heart Disease Treatment-Pacemaker Questionnaire

Name: _____ Date of Birth: _____

Height: _____ Weight: _____ Sex: M/F

Tobacco Usage: _____ Face Amount: _____

____ Term 10 15 20 30 ____ UL

1. Date of pacemaker implant: _____

2. What is the reason for the pacemaker implant? _____

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. Has the proposed insured been diagnosed as having any of the following?

____ Bradycardia _____ Cardiomyopathy _____ Paroxysmal atrial fibrillation
____ Chronic atrial fibrillation _____ Sick sinus syndrome _____ Atrial flutter
____ Heart block associated with coronary artery disease
____ Heart block _____ First Degree _____ Second Degree _____ Third Degree
____ Congenital heart block *without* other heart disorder
____ Congenital heart block *with* other heart disorder
____ Other: _____

5. Are there any current symptoms of any heart disease? ____ Yes ____ No

(If yes, check all that apply):

____ Dizziness or light headedness _____ Black outs _____ Chest pain
____ Palpitations _____ Other: _____

6. Does the proposed insured take medications for this condition, or any other? ____ Yes ____ No

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

Name: _____ Dosage: _____ Frequency: _____
Name: _____ Dosage: _____ Frequency: _____
Name: _____ Dosage: _____ Frequency: _____
Name: _____ Dosage: _____ Frequency: _____

7. Are there any other conditions that may affect underwriting? ____ Yes ____ No

(If yes, please describe): _____