Bundle Branch Block Questionnaire

Submit This Form with your application for better informed underwriting

Client Information

Client Name:				
DOB:	**Gender**	**Height**	**Weight**	**Marital Status**
Occupation & Length of Employment:				
Tobacco Use	Never Used	Totally Stopped	Current User	
		Date Stopped	**Type Used**	
Type of Coverage	Term	UL	Survivor	**Amount $**

Essential Information

1	Please check the type of Bundle Branch Block present	CLBBB	Bifascicular Block	IRBBB
		LAHB or PLHB	CRBBB	Other
2	How long has this abnormality been present?			
3	Have there been any recent changes in the ECG?	☐ Yes ☐ No	If yes provided details	
4	Have any of the listed Cardiac studies been completed	Exercise treadmill or Thallium	☐ Yes ☐ No	☐ Normal ☐ Abnormal Date:
		Resting or exercise Echocardiogram	☐ Yes ☐ No	☐ Normal ☐ Abnormal Date:
		Other	☐ Yes ☐ No	☐ Normal ☐ Abnormal Date:
5	Please check all if client has been diagnosed as having:	Chest pain or coronary artery disease	High Blood Pressure	Valvular Heart Disease
		cardiomyopathy	Congenital Heart Disease	
6.	List any medications (accurate name, dosage and reason)			
7	Does your client have any other Health Issues	☐ Yes ☐ No	*If yes, provide details*	

Don Boozer & Associates
P: 1-800-543-0886
F: 1-888-543-0886