

Irregular Heartbeat 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	Date of first Diagnosis	Are there any of the following symptoms with the irregular heartbeat?			
		Black-out		Dizziness (light-headedness/ Faint feeling)	
		Palpitations		Chest discomfort	
2	Is the irregular heartbeat due to (check all that apply)	Premature supraventricular atrial beats (PAC's)	Multi focal		Ventricular tachycardia
		Premature ventricular beats (PVCs)	Bigeminy or trigeminy		
3	Have any of the following tests been done? (if so, please give date and results)				
	<input type="checkbox"/> ECG				
	<input type="checkbox"/> Stress Test				
	<input type="checkbox"/> Echocardiogram				
<input type="checkbox"/> Holter Monitor					
4	The cause of the irregular heart beat is due to:	Heart Disease		Alcohol	
		Thyroid Disease		Unknown/ other _____	
5	List current medications (accurate name, dosage and reason)				
6	Does the client have any other health issues	<input type="checkbox"/> Yes	<i>If yes provide details:</i>		
		<input type="checkbox"/> No			

Confidential

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