



**HEART DISEASE TREATMENT  
PACEMAKER QUESTIONNAIRE**

Agent: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Proposed Insured Name: \_\_\_\_\_ M F Date of birth: \_\_\_\_\_  
 Face Amount: \_\_\_\_\_ Max. Premium: \$ \_\_\_\_\_ / year UL WL Term Survivorship  
 Do you currently smoke cigarettes? Y N If no, did you ever smoke: Never Quit (Date): \_\_\_\_\_  
 Do you currently use any other tobacco products (e.g. nicotine patch, cigars, pipe, snuff, Nicorette gum...): Y N  
 If Yes, please provide details: \_\_\_\_\_  
 When did you last use any form of tobacco: \_\_\_\_ (Month) \_\_\_\_ (Year) Type used last: \_\_\_\_\_  
 Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Weight: \_\_\_\_\_ lbs.

**(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    Congenital heart block without other heart disorder  
 Chronic atrial fibrillation        Congenital heart block with other heart disorder  
 Sick sinus syndrome              Heart block associated with coronary artery disease  
 Atrial flutter                      Heart block    First Degree    Second Degree    Third Degree  
 Other: \_\_\_\_\_

**(5) Are there any current symptoms of any heart disease? If yes, check all that apply:**

Dizziness or light headedness      Black outs  
 Chest pain                              Palpitations  
 Other: \_\_\_\_\_

**(6) Does the proposed insured take any current medications?** No Yes Details:

Name of medication (prescription or otherwise)	Dates used	Quantity taken	Frequency taken

**(7) Are there any other conditions that may impact life underwriting?** If yes, please describe: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
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