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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: _____
