



# EMG Insurance Brokerage

## HEART DISEASE IRREGULAR HEART BEAT 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(s) or frequency of episode(s) of irregular heart beat:**

- (a) Date of first episode: \_\_\_\_\_
- (b) Recent frequency of episodes: \_\_\_\_\_
- (c) Date of most recent episodes: \_\_\_\_\_

**(2) The irregular heart beat has been diagnosed as:**

- Paroxysmal atrial fibrillation (or flutter)  Chronic atrial fibrillation (or flutter)
- Premature supraventricular (atrial) contractions (PACs)  Premature ventricular contractions (PVCs)
- Other: \_\_\_\_\_

**(3) Provide dates if any of the following tests or procedures have been done to evaluate the irregular heart beats?**

- Resting EKG: \_\_\_\_\_  Stress EKG: \_\_\_\_\_
- Thallium Stress EKG: \_\_\_\_\_  Echocardiogram: \_\_\_\_\_
- Holter Monitor: \_\_\_\_\_  Chest X-ray: \_\_\_\_\_
- Other: \_\_\_\_\_

**(4) Please check the cause for the irregular heart beats, if known:**

- Unknown  Heart disease - Type: \_\_\_\_\_
- Thyroid Disease  Alcohol use
- Other: \_\_\_\_\_

**(5) Are there any symptoms that accompany episodes of irregular heart beat? If yes, check all that apply:**

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

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

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

**(7) Has a pacemaker been installed to control irregular year beats? If yes, date of installation: \_\_\_\_\_**

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

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