

Client Name: _____ Date of Birth: _____

 Gender: Male Female Height: _____ Weight: _____

Tobacco Usage:

-
- Never
-
-
- Former
-
-
- Current

Date Stopped: _____

Type: _____

Coverage Information:

- Type:
-
- Term
-
- UL
-
- IUL
-
-
- WL
-
- VUL
-
- Survivorship

Face Amount: _____

Premium Tolerance: _____

Proposed Insured's Existing Insurance

Insurance Company	Face Amount	Year Issued	Replacement (Yes/No)

1. Date the pacemaker was implanted: _____

2. The pacemaker was implanted for:

-
- Heart block associated with CAD
-
- Complete heart block or sick sinus syndrome
-
-
- Chronic underlying atrial fibrillation/flutter
-
- Other, give details: _____

 3. Does client have another heart disease? No Yes If Yes, please provide details: _____

4. Have any of the following pacemaker complications occurred?

-
- Infection
-
- Blood Clots
-
- Pacemaker Malfunction
-
-
- Perforation
-
- Other, give details: _____

 5. Are there any continuing symptoms since the pacemaker was installed? No Yes

If Yes, please provide details: _____

6. When was the client's last checkup? _____

7. Please list current medications:

Name of Medication	Dosage	Reason

 8. Are there any other health issues? (Additional Questionnaires may be required) No Yes

If yes, please provide details: _____