



MEDICAL HISTORY QUESTIONNAIRE: PACEMAKER

Client Name: _____ Date of Birth: _____

Gender: Male Female Height: _____ Weight: _____

Tobacco Usage: _____ Coverage Information: _____

Never Type: Term UL IUL
 Former Date Stopped: _____ WL VUL Survivorship
 Current Type: _____

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 Other, Pacemaker Malfunction
- Perforation give details:

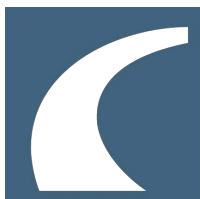
5. Are there any continuing symptoms since the pacemaker was installed? No Yes

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) If yes,

No

Yes

please provide details:

