

BUNDLE BRANCH BLOCK

CLIENT NAME:		Date:	
☐ Male ☐ Female Date of birth: Height: Weight:			
Tobacco Use: ☐ Never used ☐ Totally stopped Date stopped: ☐ Use now Type of nicotine product:			
Type of Coverage: ☐ Term ☐ UL ☐ Survivor Type of Coverage: ☐ Term ☐ UL ☐ Survivor UL			
Coverage Amount: Anticipated Premium:			
FAMILY HISTORY			
Has proposed insured had a parent, brother or sister who had cancer, diabetes, stroke, heart or kidney disease or who committed suicide? If yes, use separate sheet to provide this information, including age of onset and date of death			
PROPOSED INSURED'S EXISTING INSURANCE			
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Full Name of Company	Face Amount	Year Issued	Is Policy to be Replaced?
1. Please check type of BBB present:			
☐ CLBBB ☐ CRBBB ☐ LAHB or LPHB ☐ IRBBB ☐ Bifascicular block			
2. How long has this abnormality been present? (years)			
3. Has there been any recent change in the ECG?			
□ No □ Yes; please give details			
4. Places check if your client has had any of the following: (sheek all that apply)			
4. Please check if your client has had any of the following: (check all that apply) □ Chest pain or coronary artery disease			
□ Cardiomyopathy			
☐ High blood pressure			
☐ Congenital heart disease			
□ Valvular heart disease			
5. Have any cardiac studies been completed?			
a. Exercise treadmill or thallium: No Yes—normal Yes—abnormal Resting or exercise echocardiogram: No Yes—normal Yes—abnormal			
c. Other: No Yes—normal Yes—abnormal			
6. Is your client on any medications? (accurate name, dosage, and reason):			
7. Does your client have any other major health problems? (ex: cancer, etc.) \square No \square Yes; please give details			
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