

## **IRREGULAR HEARTBEAT**

CLIENT NAME:			
PROPOSED INSURED'S EXISTING INSURANCE			
Full Name of Company	Face Amount	Year Issued	Is Policy to be Replaced?
1. Date first diagnosed:			
2. Is the irregular heatbeat due to (check all that apply):  Premature supraventricular atrial beats (PACs)  Premature ventricular beats (PVCs)  Multifocal  Bigeminy or trigeminy  Ventricular tachycardia  3. Are there any symptoms with the irregular heartbeat?			
□ Black-out       □ Dizziness (lightheadedness)/faint feeling       □ Palpitations       □ Chest discomfort         4. Have any of the following tests been done? (If so, please give date and results)       □ ECG       Date:			
☐ Echocardiogram Date:			
5. The cause of the irregular heart beat is due to:   Heart disease  Alcohol  Thyroid disease  Unknown or other  6. Is client on any medications now? (accurate name, dosage, and reason)			
(Accurate) Name of Medication	Dosage	Reason	
7. Does client have any other major health issues? (additional questionnaires may be required)  □ No □ Yes; please give details			