



Irregular Heart Beat

Please answer all questions applicable to the client's medical history.

Producer Name _____ Phone _____ Date _____

Client Name _____ Date of Birth _____ Male Female

Face Amount _____ Max Premium \$ _____ /yr. Term Permanent

Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)? Yes No

Frequency _____ Date of last use _____ Type _____

Date of first episode _____ Recent frequency of episodes _____ Date of most recent episode _____

The irregular heart beat has been diagnosed as

- Paroxysmal atrial fibrillation (flutter) Chronic atrial fibrillation (flutter)
 Premature supraventricular (atrial) contractions (PACs) Premature ventricular contractions (PVCs)
 Other _____

Provide dates if any of the following tests have been done to evaluate the irregular heart beat

- Resting EKG _____ Stress EKG _____
 Thallium Stress EKG _____ Echocardiogram _____
 Holter Monitor _____ Chest X-ray _____
 Other _____

Select the cause of the irregular heart beat

- Unknown Heart disease, Type _____
 Thyroid disease Alcohol use
 Other _____

Are there any symptoms that accompany the episodes of irregular heart beat (select all that apply)?

- Dizziness or light headedness Blackouts
 Chest pain Palpitations
 Other _____

Has a pacemaker or defibrillator been installed to control irregular heart beats? Yes No If yes, date of installation and type of device

Procedures

- Ablation Cardioversion Date _____

Name of Medication (prescription or otherwise)	Dates Used	Quantity Taken	Frequency Taken

List any other major health problems the client has:

Questions?

Please call your McGill Brokerage Marketing Team at 800-279-0751.