



Pacemaker

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 pacemaker implant _____

Reason for the implant _____

Provide dates if any of the following tests have been completed

- | | |
|--|---|
| <input type="checkbox"/> Resting EKG _____ | <input type="checkbox"/> Stress EKG _____ |
| <input type="checkbox"/> Thallium Stress EKG _____ | <input type="checkbox"/> Echocardiogram _____ |
| <input type="checkbox"/> Holter Monitor _____ | <input type="checkbox"/> Chest X-ray _____ |
| <input type="checkbox"/> Other _____ | |

Has the client been diagnosed as having any of the following

- | | |
|---|---|
| <input type="checkbox"/> Bradycardia | <input type="checkbox"/> Cardiomyopathy |
| <input type="checkbox"/> Paroxysmal atrial fibrillation | <input type="checkbox"/> Congenital heart block without other heart disorder |
| <input type="checkbox"/> Chronic atrial fibrillation | <input type="checkbox"/> Congenital heart block with other heart disorder |
| <input type="checkbox"/> Sick sinus syndrome | <input type="checkbox"/> Heart block associated with coronary artery disease |
| <input type="checkbox"/> Atrial flutter | <input type="checkbox"/> Heart block ___First Degree ___Second Degree ___Third Degree |
| <input type="checkbox"/> Other _____ | |

Are there any current symptoms of any heart disease (select all that apply)

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Dizziness or light headedness | <input type="checkbox"/> Blackouts |
| <input type="checkbox"/> Chest pain | <input type="checkbox"/> Palpitations |
| <input type="checkbox"/> Other _____ | |

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.