

MEDICAL HISTORY QUESTIONNAIRE: PACEMAKER

Client Name: _____ Date of Birth: _____

Gender: Male Female Height: _____ Weight: _____

Tobacco Usage: Never Former Current Date Stopped: _____ Type: _____

Coverage Information: Type: Term WL UL VUL IUL Survivorship

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 Pacemaker Malfunction

Perforation Other, give details: _____

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

If 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) No Yes

If yes, please provide details: _____