

MEDICAL HISTORY QUESTIONNAIRE: PACEMAKER

Client Name: _____ Date of Birth: _____

Gender: Male Female Height: _____ Weight: _____

Tobacco Usage: _____ Coverage Information: _____

Never
 Former Date Stopped: _____
 Current Type: _____

Type: Term UL IUL
 WL VUL 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: