

MEDICAL HISTORY QUESTIONNAIRE: ATRIAL FIBRILLATION

Client Name: _____ Date: _____

 Gender: Male Female Height: _____ Weight: _____

Tobacco Usage:

-
- Never
-
-
- Former Date Stopped: _____
-
-
- Current Type: _____

Coverage Information:

- 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 of First Diagnosis: _____

2. Is the atrial fibrillation/flutter: _____

3. Are there any symptoms with the irregular heartbeat?

-
- Blackout
-
- Dizziness, light-headedness, feeling faint
-
-
- Palpitations
-
- Chest discomfort

4. Have any of the following tests been done? If so, please provide date completed and results.

-
- ECG: _____
-
-
- Stress Test: _____
-
-
- Echocardiogram: _____
-
-
- Holter Monitor: _____

5. Please list current medications (including aspirin):

Name of Medication	Dosage	Reason

6. The cause of the atrial fibrillation/flutter is due to:

-
- Alcohol
-
- Coronary Artery Disease
-
- Cardiomyopathy
-
-
- Mitral Valve Disease
-
- Thyroid Disease
-
- Unknown
-
-
- Other, give details _____

 7. Are there any other health issues? (Additional Questionnaires may be required) No Yes

If yes, please provide details: _____
