

IRREGULAR HEART BEAT

Client's Name _____

If your client has irregular heart beat, please answer the following:

1. Please list date when first diagnosed: _____
2. Is the irregular heart beat due to (check all that apply):
 - premature supraventricular atrial beats (PAC's)
 - premature ventricular beats (PVC's)
 - chronic atrial flutter or fibrillation (AF)
 - paroxysmal atrial flutter or fibrillation (AF)
3. Are there any symptoms with the irregular heart beat?
 - black-out
 - dizziness (light-headedness)/faint filling
 - palpitations
 - chest discomfort
4. Have any of the following test been done? If so, please give date and results
 - ECG _____
 - stress test _____
 - echocardiogram _____
 - Holter monitor _____
5. Is your client on any medications?
 - yes, please give details _____
 - no
6. The cause of the irregular heart beat is due to:
 - heart disease
 - thyroid disease
 - alcohol
 - unknown

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7. Has your client smoked cigarettes in the last 12 months?

yes

no

8. Does your client have any other major health problems (example: stroke, etc.)?

yes, please give details _____

no

Agents name:

Agents Tell #

Agent Fax #

Date Submitted:

Agents e-mail address:

PLEASE FAX TO BEST MARKETING AT 1-781 643-2775