

## PACEMAKERS

**Client's Name** \_\_\_\_\_

If your client has a pacemaker, please answer the following:

1. Please list date when the pacemaker was implanted: \_\_\_\_\_
2. The pacemaker was implanted for:
  - heart block associated with coronary artery disease
  - congenial heart block with other heart disorder
  - congenial heart block without other heart disorder
  - complete heart block or sick sinus syndrome
  - chronic underlying atrial flutter/fibrillation
  - other, please give details \_\_\_\_\_

If your client has other heart disease, please give details:

\_\_\_\_\_

3. Have any of the following pacemaker complications occurred?
  - infection
  - pacemaker malfunction
  - other, please give details \_\_\_\_\_
  - blood clots
  - perforation
4. Are there any continuing symptoms since the pacemaker was implanted?
  - yes, please give details \_\_\_\_\_
  - no
5. Is your client on any medications?
  - yes, please give details \_\_\_\_\_
  - no
6. Has your client smoked cigarettes in the last 12 months?  yes  no
7. Does your client have any other major health problems (example: cancer, 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

