



J.L.Thomas & Company

A LIFEMARK PARTNER

The strength of many. The power of one.

Atrial Fibrillation - Ask "Rx" pert underwriter (ask our experts)

Producer _____ Phone _____ Fax _____

Client _____ Age/DOB _____ Sex _____

If your client has atrial fibrillation, please answer the following::

1. Please list date when first diagnosed: _____

2. Is the atrial fibrillation/flutter:

- chronic (permanent)
- paroxysmal (intermittent)

3. Are there any symptoms with the irregular heart beat?

- black-out
- dizziness (light-headedness)/faint feeling
- palpitations
- chest discomfort

4. Have any of the following tests 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 atrial fibrillation/flutter is due to:

- coronary heart disease
- alcohol
- thyroid disease
- unknown or other
- mitral valve disease
- cardiomyopathy

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

- yes
- no

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

- yes, please give details _____
- no