



## J.L. Thomas & Company

A LIFEMARK PARTNER

The strength of many. The power of one.

### Pacemakers - Ask "Rx" pert underwriter (ask our experts)

Producer \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Client \_\_\_\_\_ Age/DOB \_\_\_\_\_ Sex \_\_\_\_\_

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

complete heart block or sick sinus syndrome

chronic underlying atrial flutter/fibrillation

other, please give detail \_\_\_\_\_

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

3. Have any of the following pacemaker complications occurred?

infection

blood clots

pacemaker malfunction

perforation

other, please give detail \_\_\_\_\_

4. Are there any continuing symptoms since the pacemaker was implanted?

yes, please give details \_\_\_\_\_

no

5. Is your client on any medication?

yes \_\_\_\_\_

no

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

chronic hepatitis

cirrhosis

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

yes, please give details \_\_\_\_\_

no