

# Arrhythmia Quote Request

Name \_\_\_\_\_ Sex M F Date of Birth \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Smoker? Y N State \_\_\_\_\_

Coverage Desired? \_\_\_\_\_ Amount \_\_\_\_\_ Plan Desired? \_\_\_\_\_

Have you ever been Rated or Declined for insurance? If YES Complete details please  
\_\_\_\_\_

Have you experienced Irregular Heart Beat Y N Date(s) \_\_\_\_\_

Is your Irregular Heart Beat due to: (Check all that apply)

Premature Supraventricular Atrial Beats (PAC's)

Chronic Atrial Flutter or Fibrillation (AF)

Paroxysmal Atrial Flutter or Fibrillation (AF)

Have you experienced any of the following symptoms? (Check all that apply)

Black-Out

Dizziness

Palpitations

Chest Discomfort

Is the cause of the Irregular Heart Beat due to: (Check all that apply)

Heart Disease

Alcohol

Thyroid Disease

Unknown

Have you ever had a Heart Attack? Y N If YES Date(s) please \_\_\_\_\_

Have you had a Treadmill EKG or any type of Stress Test? If so, When? \_\_\_\_\_

Were the results normal? \_\_\_\_\_

Do you experience any Chest Pains now? Y N

What have been your recent Blood Pressure readings? \_\_\_\_\_

What has been your recent Cholesterol readings? \_\_\_\_\_

Do you have Diabetes? Y N When Diagnosed? \_\_\_\_\_

If YES, what medication are you taking? \_\_\_\_\_

Do you have any Family History of Heart Disease or Diabetes? \_\_\_\_\_

What Lifestyle Changes have you made to treat your illness? \_\_\_\_\_

Please list all medications being taken: \_\_\_\_\_

Do you have any other major health problems? (example: cancer, etc)? \_\_\_\_\_

*Please also submit a copy of any recent Catheterizations or Stress Tests*

Broker Submitting Questionnaire: \_\_\_\_\_

Address \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please send completed form:

Victorson Associates, Inc. PO Box 863 Smithtown, NY 11787  
You may Fax to: (631) 265-7054 or E-mail to: [vainc@victorson.com](mailto:vainc@victorson.com)