

**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  
 Paroxysmal (intermittent) Please specify how often it occurs \_\_\_\_\_
3. Are there any symptoms with the irregular heart beat?  
 Yes, please give details \_\_\_\_\_  
 No
4. Have any of the following tests been done? If so, please give date and results:  
 Stress test \_\_\_\_\_  
 Schocardiogram \_\_\_\_\_  
 Holter monitor \_\_\_\_\_
5. Does your client take any medications or have a pacemaker?  
 Yes, please give details \_\_\_\_\_  
 No
6. The cause of the atrial fibrillation/flutter is due to:  

<input type="checkbox"/> Coronary heart disease	<input type="checkbox"/> Alcohol
<input type="checkbox"/> Thyroid disease	<input type="checkbox"/> Unknown or other
<input type="checkbox"/> Valve disease	<input type="checkbox"/> Cardiomyopathy
<input type="checkbox"/> Sick sinus syndrome	<input type="checkbox"/> Hypertension
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

*After reading the Rx for Success on Atrial Fibrillation, please feel free to use this Ask "Rx" pert underwriter for an informal quote.*