BUNDLE BRANCH BLOCK

CLIENT NAME: _____ **Date:** _____

☐ Male ☐ Female Date of birth: _____ Height: _____' _____" Weight: _____

Tobacco Use: ☐ Never used ☐ Totally stopped Date stopped: _____ ☐ Use now Type of nicotine product: _____

Type of Coverage: ☐ Term ☐ UL ☐ Survivor   **Type of Coverage:** ☐ Term ☐ UL ☐ Survivor UL

Coverage Amount: _____   **Anticipated Premium:** _____

FAMILY HISTORY
Has proposed insured had a parent, brother or sister who had cancer, diabetes, stroke, heart or kidney disease or who committed suicide?
If yes, use separate sheet to provide this information, including age of onset and date of death

PROPOSED INSURED'S EXISTING INSURANCE			
Full Name of Company	Face Amount	Year Issued	Is Policy to be Replaced?

1. Please check type of BBB present:

☐ CLBBB ☐ CRBBB ☐ LAHB or LPHB ☐ IRBBB ☐ Bifascicular block

2. How long has this abnormality been present? _____ (years)

3. Has there been any recent change in the ECG?
☐ No ☐ Yes; please give details _____

_____

4. Please check if your client has had any of the following: (check all that apply)

☐ Chest pain or coronary artery disease

☐ Cardiomyopathy

☐ High blood pressure

☐ Congenital heart disease

☐ Valvular heart disease

5. Have any cardiac studies been completed?
   a. Exercise treadmill or thallium: ☐ No ☐ Yes—normal ☐ Yes—abnormal
   b. Resting or exercise echocardiogram: ☐ No ☐ Yes—normal ☐ Yes—abnormal
   c. Other: ☐ No ☐ Yes—normal ☐ Yes—abnormal

6. Is your client on any medications? (accurate name, dosage, and reason): _____

_____

7. Does your client have any other major health problems? (ex: cancer, etc.) ☐ No ☐ Yes; please give details

_____

_____

FAMILY HISTORY (ADDENDUM)

CLIENT NAME: _____ **Date:** _____

☐ Male ☐ Female Date of birth: _____ Height: _____' _____" Weight: _____

1. Has the proposed insured had relative(s) with any of the following:

☐ Parent

    Has had: ☐ Cancer ☐ Diabetes ☐ Stroke ☐ Heart disease ☐ Committed suicide ☐ Other (explain below)

    Age of onset: _____ Date of death: _____

☐ Brother

    Has had: ☐ Cancer ☐ Diabetes ☐ Stroke ☐ Heart disease ☐ Committed suicide ☐ Other (explain below)

    Age of onset: _____ Date of death: _____

☐ Sister

    Has had: ☐ Cancer ☐ Diabetes ☐ Stroke ☐ Heart disease ☐ Committed suicide ☐ Other (explain below)

    Age of onset: _____ Date of death: _____

2. If yes to any of the above, please provide details/information

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