

# Pacemaker 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

When was your Pacemaker implanted? \_\_\_\_\_

Why was your Pacemaker implanted? (Please circle all that apply)

Heart Block associated with Coronary Artery Disease      Congenital Heart Block with other Heart Disorder  
Complete Heart Block or Sick Sinus Syndrome      Chronic underlying Atrial Flutter/Fibrillation  
Other, Please give details \_\_\_\_\_

Have you experienced any of the following Pacemaker complications? (Please circle any that apply)  
Infection      Blood Clots      Pacemaker malfunction      Perforation      Other

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

Do you experience any continuing symptoms since your Pacemaker was implanted? Y N  
If YES, Complete details please \_\_\_\_\_

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)