IRREGULAR HEARTBEAT

PRODUCER NAME:_____

CLIENT NAME: _____

Submit the Client Information Questionnaire with this form

1. List the date when first diagnosed: _____

2. Is the irregular heatbeat due to (check all that apply):
   - ☐ premature supraventricular atrial beats (PACs)
   - ☐ premature ventricular beats (PVCs)
   - ☐ multifocal
   - ☐ bigeminy or trigeminy
   - ☐ ventricular tachycardia

3. Are there any symptoms with the irregular heartbeat?
   - ☐ black-out
   - ☐ dizziness (lightheadedness)/faint feeling
   - ☐ palpitations
   - ☐ chest discomfort

4. Have any of the following tests been done?
   (If so, please give date and results)
   - ☐ ECG _____
   - ☐ stress test _____
   - ☐ echocardiogram _____
   - ☐ Holter monitor _____

5. The cause of the irregular heart beat is due to:
   - ☐ heart disease
   - ☐ alcohol
   - ☐ thyroid disease
   - ☐ unknown or other _____

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

7. Are there are any other health issues? (additional questionnaires may be required)

Please fax form to 612-392-7644 or email to mvp@mvpservicesolutions.com

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