



**HIGH BLOOD PRESSURE
(HYPERTENSION) QUESTIONNAIRE**

Agent: _____ Phone: _____ Fax: _____
 Proposed Insured Name: _____ M F Date of birth: _____
 Face Amount: _____ Max. Premium: \$ _____ / year UL WL Term Survivorship
 Do you currently smoke cigarettes? Y N If no, did you ever smoke: Never Quit (Date): _____
 Do you currently use any other tobacco products (e.g. nicotine patch, cigars, pipe, snuff, Nicorette gum...): Y N
 If Yes, please provide details: _____
 When did you last use any form of tobacco: ____ (Month) ____ (Year) Type used last: _____
 Height: ____ ft. ____ in. Weight: _____ lbs.

(1) Please provide date of diagnosis: _____

(2) Please provide approximate dates and readings of known blood pressure measurements:

Approximate date(s):	Systolic/Diastolic reading(s):	Approximate date(s):	Systolic/Diastolic reading(s):

(3) Does the proposed insured take any medications to control the blood pressure or for any other reason?

Name of medication (prescription or otherwise)	Dates used	Quantity taken	Frequency taken

(4) Is there any known family history relating to kidney/cardiovascular disease? If yes, please describe:

	Age (if living)	Age (at death)	Cause of death, if deceased:	History of heart disease or circulatory disorder?	History of stroke?
Mother				Yes No	Yes No
Father				Yes No	Yes No
Sister(s)				Yes No	Yes No
Brother(s)				Yes No	Yes No

(5) Does the proposed insured have a history of the following? (if yes, check and describe in item six below):

- Elevated cholesterol Diabetes Kidney Disease Heart disease Being overweight
 Stroke TIA Aneurism Prerepheral vascular disease

(6) Please advise of any additional information that may help us provide you with a more accurate preliminary assessment:

