

APPLICANT'S BLOOD PRESSURE QUESTIONNAIRE

NAME OF APPLICANT: _____ DATE OF BIRTH: _____

POLICY #: _____ REFERENCE #: _____

Please provide the answers to the following questions. Include as much information as you can. You **do not** need to take this form to a doctor.

1 Date you were diagnosed with high blood pressure _____

2 Have you had a systolic (top reading) blood pressure over 180 in the past 2 years? Yes No

3 Have you had a diastolic (bottom reading) blood pressure over 100 in the past 2 years? Yes No

4 What medicines are you currently taking for high blood pressure? _____

Names and dosage? _____

5 How often has your doctor checked your blood pressure in the last six months? _____

What was the last value? _____

6 If you don't know the last value, did the doctor say it was "normal", "slightly elevated", or "still not well controlled"?

Normal Slightly Elevated Still Not Well Controlled

7 Do you measure your own blood pressure at home? Yes No

What range of values do you get? _____

8 What is your cholesterol level? _____

9 Have you had an electrocardiogram in the last 3 years? Yes No

Was it normal? Yes No

10 Do you smoke cigarettes? Yes No If yes, how many cigarettes a day? _____

11 Family History: Father's age (if alive) _____ or age at and cause of death _____

Mother's age (if alive) _____ or age at and cause of death _____

Do you have any brothers or sisters who have heart disease, diabetes, cancer or kidney disease? Yes No

Provide details: _____

12 Name and address of your doctor: _____

I declare my answers and statements indicated above have been correctly recorded and to the best of my knowledge and belief, are complete and true.

Date _____ Signature _____