

HYPERTENSION QUESTIONNAIRE

Proposal No: _____

Life to be Insured _____

1. When was high blood pressure first diagnosed ? _____
2. Why was high blood pressure measured at that particular Time? eg. Routine Examination, due to symptoms, etc. _____
3. Do you know what your blood pressure readings were at diagnosis? If "Yes" please give details. _____ mm of Hg _____ mm of Hg
_____ mm of Hg _____ mm of Hg
4. Have you had on E.C.G, X-Ray, blood lipid test or other investigations If "Yes", please give details including does of investigations and results

Date	Type of investigation :	Result

5. Please give details of your treatment. Include names of medications (eg. Moduretic, Nvidrex, Aldomet, inderal, Tenoretic, Tenormin, Trasacor etc), dosage and how often taken :
 Currently _____
 In the past _____
6. Regarding the monitoring of your condition :
 a) Who is in charge of your follow up? _____
 b) How often do you attend for follow up? _____
 c) When was your last consultation? Please give details of Your blood pressure readings at that time, if known. _____
7. Have any abnormalities (e.g. protein, blood) ever been found in your urine? If "Yes". please give dates and full details. Yes No _____
8. Do you smoke cigarettes or beedies? If "Yes", state the number smoked per day. Yes No _____
9. Have you lost time off work due to hypertension condition If "Yes", please give details including date and duration of time off work. Yes No _____
10. Please give my any additional information on your condition, which you feel will be helpful in processing the application. Yes No _____

I hereby declare and agree that the above particulars and answers are complete and true. that I have not held back any relevant facts or details, and that the answers to questionnaire will form part of the application for the desired insurance on my life.

Signature of Life to be Insured

Date _____

(If life to be insured is under 18 years, signature of life to be insured is required)