

High blood pressure questionnaire – Applicant

Full name:

Application number:

1. When was your high blood pressure first diagnosed?

2. Why was your blood pressure measured at that particular time? i.e. routine examination, due to symptoms, etc.

3. Do you know what your blood pressure readings were at diagnosis? Yes No
If YES, please provide details.

4. Do you know the cause for your high blood pressure ? If YES, please provide details.

5. Have you had an ECG, x-ray, blood lipid test, echocardiogram or other investigations? Yes No
If YES, please provide details including dates of investigations and results.

6. Please provide details of your treatment. Include names of medication (i.e. Inderal, Tenormin, etc.), dosage and how often it is taken:

a) Currently :

b) If changed within last 12 months :

7. 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 provide details of your blood pressure reading at that time, if known.

8. Have any abnormalities, such as protein, blood, or sugar, ever been found in your urine? Yes No
If YES, please provide date(s) and full details.

9. Have you had more than one week off work with this condition? Yes No
If YES, please provide details including dates and duration of time off work.

10. Please provide any additional information on your condition which you feel will be helpful in processing your application.

I declare that the answers I have given are, to the best of my knowledge, true and that I have not withheld any material information that may influence the assessment or acceptance of this application.

I agree that this form will constitute part of my application for insurance and that failure to disclose any material fact known to me may invalidate the contract.

Signature

Date