



High Blood Pressure Questionnaire

Agent Name: _____ **Phone:** _____

Proposed Insured Name: _____ **Sex:** Male Female **DOB:** _____

Height: _____ **Current Weight:** _____

Face Amount Requested: \$ _____ **Maximum Annual Premium:** \$ _____

Plan Type: UL WL Term Survivorship

Tobacco Use Do you currently smoke cigarettes? Yes No

If No, did you ever smoke? Never Quit (Date): _____

Do you currently use any other tobacco or nicotine products? (e.g., nicotine patch, cigars, pipe, snuff, gum) Yes No If Yes, provide details: _____

When did you last use any form of tobacco? MM/YY: _____ Type used last: _____

Medical History Please provide date of Hypertension diagnosis: _____

Please provide approximate dates and readings for any known blood pressure measurements:

Approximate Date(s):	Systolic/Diastolic Reading(s):

Approximate Date(s):	Systolic/Diastolic Reading(s):

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

Name of Medication (Prescription or OTC)	Dates Used	Quantity Taken	Frequency Taken

Is there any known family history of kidney or cardiovascular disease?

	Age (if Living)	Age (at Death)	Cause of Death, if Deceased	History of Heart Disease or Circulatory Disorder?	History of Stroke?
Mother				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Father				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sister(s)				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Brother(s)				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Does the proposed insured have a history of any of the following?

- Diabetes
 Kidney Disease
 Heart Disease
 Overweight
 TIA
 Stroke
 High Cholesterol
 Aneurism
 Peripheral Vascular Disease

If yes, please provide any additional details that may help us offer a more accurate preliminary assessment: _____
