

HIGH BLOOD PRESSURE QUESTIONNAIRE

Date: _____

Agent Name: _____ Phone: _____

Email Address: _____ State: _____

Name: _____ Application No.: _____

Social Security No: _____ Date of Birth: _____ Height _____ Weight _____

Do you smoke or use tobacco in any form? YES _____ NO _____

1. Please provide date hypertension diagnosed? MO _____ YR _____

2. Please provide full name, city, state and telephone number of your physician.

3. Have you taken medication for high blood pressure within the last 12 months? YES _____ NO _____

4. Medications:

Name	Dosage	Frequency
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_____	_____	_____
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5. What was the date of your last doctor visit? _____

6. What was your last blood pressure reading? _____
If unknown, was it reported to you by a medical person as elevated or normal? _____

7. What degree of control is your blood pressure? _____poor _____fair _____good _____excellent

8. Has there been any change in medication or increase in dosage in the last 12 months?
YES _____ NO _____. If YES, what was the change? _____

9. Are you compliant with your medications and take as directed by your physician? YES _____ NO _____

10. Within the last 2 years have you had any other medical conditions diagnosed as a result of your hypertension? (ie, Kidney disease, proteinuria, heart or circulatory problems) YES _____ NO _____
If yes, provide details in ADDITIONAL INFORMATION section below.

12. Have you ever been hospitalized due to your blood pressure? YES _____ NO _____
If yes, provide date: _____
Hospital name/city/state: _____

13. Have you lost time off from work in the last 2 years due to high blood pressure? YES _____ NO _____
If yes, please give dates and duration of absences. _____

ADDITIONAL INFORMATION: