



Pulmonary Hypertension Questionnaire

Name: _____

Date of Birth: _____

Height: _____ Weight: _____

Sex: M/F

Tobacco Usage: _____

Face Amount: _____

___ Term 10 15 20 30

___ UL

1. When was the proposed insured diagnosed with pulmonary hypertension? _____

2. Which of the following type of Hypertension has the Proposed Insured been diagnosed with?

___ Primary ___ Secondary

If Secondary, what is the underlying illness is causing the pulmonary hypertension?

3. Does the proposed insured experience any of the following symptoms: (check all that apply)

___ Shortness of breath ___ Fatigue ___ Dizziness

___ Swelling of extremities ___ Chest pain ___ Fainting spells

4. How is the proposed insured being treated for Pulmonary Hypertension?

5. Is the proposed insured taking medication for this condition or any other? ___ Yes ___ No

(If yes, please provide the name, dosage, and frequency):
