



High Blood Pressure 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 hypertension? _____

2. What are the proposed insured's most recent blood pressure readings? _____

3. Does the proposed insured keep blood pressure under good control? ___Yes ___No

(If no, please explain): _____

4. Is the proposed insured taking any medication? ___Yes ___No

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

