

HYPERTENSION QUESTIONNAIRE

(To be completed by the medical attendant of the life to be assured or medical examiner)

Full name of life to be assured

Proposal number /Application number

--	--	--	--	--	--	--	--	--	--

1. Current blood pressure measurement of the life to be assured.

Blood pressure 1st reading _____ 2nd reading _____ 3rd reading _____

Systolic _____

Diastolic (5th Phase) _____

2. a. Date / month and year when elevated blood pressure was first noticed.

b. State blood pressure readings at that time.

Systolic : _____

Diastolic : _____

3. a. Type of hypertension

☐ essential ☐ secondary

b. If secondary, indicate the cause.

ANSWER "YES" OR "NO" TO QUESTION 4 TO 6. IF "YES", GIVE DETAILS.

4. A. Is he/she under treatment for hypertension?

☐ Yes ☐ No

B. How long is he/she under medication?

C. Details of current treatment

5. Is he/she taking medicine for hypertension regularly?

☐ Yes ☐ No

6. How frequently is the blood pressure measured to assess the adequacy of control?

7. Has he/she been able to achieve a level of 130/80 or 120/80? ☐ Yes ☐ No

8. Is there any complaint suggestive of

a) Renal disease?

☐ Yes ☐ No

b) Visual defects?

☐ Yes ☐ No

c) Neurological symptoms?

☐ Yes ☐ No

d) Cardiovascular Disease?

☐ Yes ☐ No

e) Any other disease?

☐ Yes ☐ No

If yes, please give details.

Since when is the life to be assured completely free from symptoms?

9. If a regular blood pressure record has been maintained, please provide 4 representative readings done at intervals of 15 days or 1 month.

10. At the time of diagnosis: Were the following investigations done?

If yes give reports.

1. S. Creatinine

☐ Yes ☐ No

2. X Ray Chest

☐ Yes ☐ No

3. ECG

☐ Yes ☐ No

4. Eye examination for change in fundii

☐ Yes ☐ No

If yes, mention the reports with the dates

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 hereby agree that the forgoing questions and answers shall form part of the proposal for insurance made by me to the Compa

Place: _____

Date: _____

Signature of the Life to be Assured / Proposer

Signature of the Medical Examiner / Code No