HYPERTENSION QUESTIONNAIRE
(Answer all questions)

Name of primary applicant: ______________________________ ID/SSN: ________________________

Name of person treated / relationship to applicant: ____

1. Date high blood pressure first diagnosed? ________ Blood pressure reading at that time? ________

2. Are you taking medication(s) for your blood pressure? ___ Yes _ No
   a. **Name of Medication:** **Dosage:** **Frequency (ie.,daily,as needed)**

   ____

   ____

   b. If no, did you doctor recommend discontinuation? ___ Yes ___ No Date Discontinued: _______

3. How often do you see your doctor for blood pressure checkups? ______________________________

4. Please provide last **5 blood pressure readings from your doctor** and **date of readings**:

   ______________________ ______________________ ______________________

   ______________________ ______________________ ______________________

   If you monitor your blood pressure at home, what does it normally run? ________________________

5. What is your current height? _____________ and weight? _______________

6. Any history of:

	(Circle one)	
Circulatory Disorder	Yes	No
Kidney disease	Yes	No
Diabetes	Yes	No
Heart disorder / murmurs	Yes	No
Cerebrovascular disease (Stroke, TIA)	Yes	No
Valve problems or enlarged heart	Yes	No

   Please explain any "yes" answers: ____

   ____

7. Do you know your cholesterol reading? ___ Yes ___ No (If yes, please list latest reading) ________
   Medication required? ___ Yes ___ No
   Name of Medication: _________________________ Dosage: __________ Frequency: ________

8. Have you ever been hospitalized for your high blood pressure? ___ Yes ___ No
   (If yes, name and address of hospital? ____
   Date of hospitalization and treatment ____

   ____

9. Name and address of treating physician: ____

All of the above statements are true, complete and correctly recorded to the best of my knowledge. I understand that the insurer will rely on these statements when determining eligibility.

____ ____________________
Signature of person treated (or parent/guardian if under 18) Date

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