

## **HYPERTENSION**

CLIENT NAME:				
Has proposed insured had a parent, brother or sister who had cancer, diabetes, stroke, heart or kidney disease or who committed suicide?  If yes, use separate sheet to provide this information, including age of onset and date of death				
PROPOSED INSURED'S EXISTING INSURANCE				
Full Name of Company	Face Amour	nt	Year Issued	Is Policy to be Replaced?
1. Date of diagnosis:				
2. What was the most recent blood pressure reading?				
3. Please check any of the below that client has had:  Chest pain or coronary artery disease  Diabetes  Family history of: heart disease, high blood pressure, stroke  Abnormal lipid levels  TIA or stroke  Enlarged heart  Aneurysm  Peripheral vascular disease  Kidney disease  Overweight				
4. Has a stress electrocardiogram (treadmill test) been completed within the past year?  Yes; normal Date:  No				
5. Has client ever had an echocardiogram? ☐ No ☐ Yes				
6. Is client on any medications now? (accurate name, dosage, and reason)				
(Accurate) Name of Medication		Dosage	Reason	
7. Does client have any other major health issues? (additional questionnaires may be required)  □ No □ Yes; please give details				