HYPERTENSION

CLIENT NAME: _____ **Date:** _____

❑ Male ❑ Female Date of birth: _____ Height: _____' _____" Weight: _____

Tobacco Use: ❑ Never used ❑ Totally stopped Date stopped: _____ ❑ Use now Type of nicotine product: _____

Type of Coverage: ❑ Term ❑ UL ❑ Survivor **Type of Coverage:** ❑ Term ❑ UL ❑ Survivor

Coverage Amount: _____ **Anticipated Premium:** _____

FAMILY HISTORY

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 Amount	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?
   ❑ No ❑ Yes; normal Date: _____ ❑ Yes; abnormal Date: _____

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

_____

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