

Hypertension Questionnaire

(To be filled by the Applicant)

Name of the Life Insured	
Application Number	

Please answer each question and, wherever appropriate, provide details and attach copies of reports.

1. When were you first diagnosed with hypertension? _____

2. Why was your blood pressure measured at that particular time?

i.e. Routine examination, symptoms like dizziness, syncope (black outs), blurring of vision, etc. _____

What was your highest blood pressure reading recorded at that time? _____

3. Are you taking any medicine for blood pressure control? ☐ Yes ☐ No

Please provide the name of the drug: _____ Dosage per day: _____

4. Do you check your blood pressure regularly? ☐ Yes ☐ No

If 'Yes' how often? ☐ Monthly ☐ Half-yearly ☐ Annually ☐ Randomly

Please mention your last two blood pressure readings and dates: i) _____ ii) _____

5. Do you consume alcohol or smoke or use tobacco in any form? ☐ Yes ☐ No

If 'Yes'

a) How many cigarettes/bidis/cigars/pipes do you smoke per day? _____

b) How much alcohol do you consume per day? _____ ml/day

c) Your alcohol of choice: Wine / Beer / Whiskey / Gin / Rum / Vodka / Spirit

6. Do you suffer from or have been treated for diabetes, heart disease, kidney disease, chronic joint disease, hyperlipidaemia, chronic headache etc ?

7. Have you ever undergone medicals like TMT, chest x-ray, ECG, or any other test? ☐ Yes ☐ No

If 'Yes', please mention the test results: _____

Submit blood tests, urine analysis, lipid profile, ECG or any other tests done in the last two years.

8. Please provide the name and address of your physician, along with the latest follow-up notes: _____

_____ Date of your last consultation: _____

9. Please provide any additional information that would help in processing your application: _____

I hereby declare, and agree that the above particulars and answers are complete and true; and this questionnaire will form a part of the contract of the desired insurance on my life.

Place: _____ Date: _____

**Please tick (✓) wherever applicable.

Signature of the Life Insured

Vernacular declaration: I have explained the contents of this form and have read out the responses to the Life Insured in his/her local language. He/she has confirmed that the contents are fully understood by him/her.

Name of the Declarant: _____

Address of the Declarant: _____

Signature of the Declarant

Place: _____ Date: _____

Signature of the Life Insured