

BUILD AND BLOOD PRESSURE QUESTIONNAIRE

Proposed Insured's Name: _____ DOB: _____ Sex: M F
Tobacco Use: Yes No Amount: _____ Height: _____ Ft. In. Weight: _____
Broker's Name: _____ Face Amount: _____
BGA: _____ Phone: _____ Fax: _____

Proposed Insured please answer the following:

1. What was your weight 12 months ago?
2. If you have elevated blood pressure when did you first notice it?
3. Please provide your current blood pressure reading:
4. What have your blood pressure readings been over the last 24 months:

Date:	Reading:	Date:	Reading:
Date:	Reading:	Date:	Reading:
Date:	Reading:	Date:	Reading:

5. Do you know your Cholesterol level? No Yes, level:
HDL/Cholesterol ratio: _____

6. Have you been diagnosed with or had any of the following symptoms:

<input type="checkbox"/> Chest pain/angina	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Stroke/TIA
<input type="checkbox"/> Kidney Disease	<input type="checkbox"/> Proteinuria	<input type="checkbox"/> Aneurysm	<input type="checkbox"/> High Cholesterol
<input type="checkbox"/> Pulse Disorder	<input type="checkbox"/> Abnormal EKG		

Details: _____

7. Have you had an EKG done within the last 5 years? No Yes, Date: _____

Results: _____

8. Do you exercise regularly? No Yes

Details: _____

9. Are you on any medication(s)? No Yes, Name(s) and dosage(s): _____

10. Date you last consulted your physician: _____

11. Name and address of your physician(s): _____

12. Has case been shopped elsewhere, if so where? _____

13. Client's occupation _____

Date: _____