



# Trinity Life Insurance Company

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## HIGH BLOOD PRESSURE QUESTIONNAIRE APPLICANT TO COMPLETE

NAME	DATE OF BIRTH	POLICY NUMBER
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1. (a) Height? \_\_\_\_\_ ft \_\_\_\_\_ in (b) Weight? \_\_\_\_\_ lbs  
 (c) Weight one year ago? \_\_\_\_\_ lbs

2. Date high blood pressure diagnosed? \_\_\_\_\_  
 Age at onset? \_\_\_\_\_

3. Name and address of doctor supervising your high blood pressure program?  
 \_\_\_\_\_  
 \_\_\_\_\_

How long have you been under his care? \_\_\_\_\_ Date of last visit? \_\_\_\_\_

How often do you consult him for examination and advice? \_\_\_\_\_

4. What was your highest blood pressure reading? \_\_\_\_\_ Date: \_\_\_\_\_

5. What was your recent blood pressure reading? \_\_\_\_\_ Date: \_\_\_\_\_

6. What medications are you taking? (Dosage and frequency) How long have you been taking medication for high blood pressure. Any changes in medication? Any other treatments?  
 \_\_\_\_\_  
 \_\_\_\_\_

7. Has your doctor done any diagnostic studies? (EKG, x-rays, blood tests, etc.) When and What were the findings?  
 \_\_\_\_\_  
 \_\_\_\_\_

8. When the doctor checks, are your blood pressure readings:

Usually high  Usually normal?  They vary?

9. Have you ever had: Diabetes? Yes  No  Heart trouble? Yes  No   
 Eye trouble? Yes  No  Kidney trouble? Yes  No   
 Recurrent infections? Yes  No  Other prolonged illness? Yes  No

Please give details, if yes.  
 \_\_\_\_\_  
 \_\_\_\_\_

10. Have you ever been hospitalized for high blood pressure? Yes  No  If yes, give dates and name and address of hospital.  
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