



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.

