



HYPERTENSION QUESTIONNAIRE TO BE COMPLETED BY ATTENDING DOCTOR

Proposed life assured: _____ Proposal No: _____

NRIC No: _____ Age: _____ Sex: Male Female

We would appreciate if you could kindly complete this questionnaire

1. Date an elevated blood pressure reading was first noticed

Date	Blood Pressure Readings

2. What were the subsequent blood pressure readings after treatment was initiated (Last 2 years records only)

Date	Blood Pressure Readings

Date	Blood Pressure Readings

3. Were any investigations carried out to ascertain the cause of the elevated blood pressure? e.g. Chest X-ray, ECG-Stress, ECG, Blood test, Scans, Urine microanalysis etc.

Yes No

(If the answer is "Yes" please give details):

Type of Investigation	Date	Results

4. Has he/she suffered from any end organ damage to any of the following as a result of his/her elevated blood pressure

a. Heart Yes No

c. Kidney Yes No

b. Brain Yes No

d. Eyes Yes No

(If the answer to any of the above is "Yes" please indicate the end organ damage suffered)

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5. Date and type of medication prescribed for his/her elevated blood pressure over the past 3 years

	Date	Name of Medication	Dosage
1			
2			
3			

	Date	Name of Medication	Dosage
4			
5			
6			

6. Is he/she currently on medication? Yes No

(If the answer is "No" please indicate the date and reasons treatment was discontinued.)

7. Was funduscopy done on him/her? Yes No

(If the answer is "Yes" please give details of the funduscopy results)

8. a. Is he/she regular with his/her follow up at your clinic? Yes No

b. Does he/she strictly adhere to the advice and treatment prescribed by you? Yes No

This report has been prepared by:

Signature of Doctor

Clinic Rubber Stamp

Name of Doctor : _____

Telephone No. : _____

Dated : _____

Kindly return this Questionnaire in a sealed envelope to the underwriter of our Company so as to maintain confidentiality of the information provided.

(We thank you for completing this questionnaire)

Name of Underwriter: _____

Date: _____