



# High Blood Pressure Questionnaire

Agent Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Agent E-mail: \_\_\_\_\_

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex:  Male /  Female Height: \_\_\_\_\_ Weight: \_\_\_\_\_ State: \_\_\_\_\_ Smoker:  Yes /  No

Face Amount: \$\_\_\_\_\_ Type of Insurance:  UL  WL  SUL  Term (# of years \_\_\_\_\_)

1. When was the proposed insured diagnosed with hypertension? \_\_\_\_\_

2. What are the proposed insured's most recent blood pressure readings? \_\_\_\_\_  
\_\_\_\_\_

3. Does the proposed insured keep blood pressure under good control?  Yes  No  
(If no, please explain): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Is the proposed insured taking any medication?  Yes  No  
(If yes, please provide name, dosage, and frequency): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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