IndiaFirstLife

HYPERTENSION QUESTIONNAIRE (to be filled by applicant)

Appl No: __________ **Policy no:** __________

Name of life to be Assured: FIRST ______ LAST ______ **Age:** ______

1) Date of First Diagnosis of Elevated Blood Pressure: ______

2) What was the blood pressure level on the date of first diagnosis? (Please provide representative readings, including the highest)

______

3) Have you been on regular treatment since then? Yes ☐ No ☐

If yes, please give the names of medicines and dosages ______

If No, please confirm since when the treatment has been discontinued with reason ______

______

5) Have you been investigated with ECG, X Ray, Blood Lipid test, Echocardiogram, or any other investigations? Yes ☐ No ☐ (If yes, please provide the consultation, treatment, and follow-up reports)

6) Do you suffer from diabetes, heart disease, kidney disease, chronic joint disease, chronic Headache etc.? Yes ☐ No ☐
(If yes, please provide the consultation, treatment, and follow-up reports)

7) Have you ever been told by your doctor about presence of any complications due to high blood pressure affecting your heart, brain, kidney, eyes, etc.? Yes ☐ No ☐
(If yes, please provide us the details of the same)

8) Do you consume tobacco and /or alcohol in any form? Yes ☐ No ☐
If yes, provide details with type and quantity consumed ______

9) Any additional information regarding the above condition

I declare that the answers to the above question are true and completed and shall form the part of an application with IndiaFirst Life Insurance Company Limited for insurance on my life.

______ ______

Signature of SP / Agent / BDM / ABH RBH or ZBH | Signature of life to be Assured.

Date: D D M M Y Y Y Y | Date: D D M M Y Y Y Y

Place: ______ | Place: ______

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