



**FUTURE  
GENERALI**

TOTAL INSURANCE SOLUTIONS

## HYPERTENSION QUESTIONNAIRE

### TO BE FILLED BY THE APPLICANT

Name of the Life Insured \_\_\_\_\_  
 Application Number \_\_\_\_\_

### PLEASE ANSWER EACH QUESTION AND, WHEREVER APPROPRIATE, PROVIDE DETAILS AND ATTACH COPIES OF REPORTS

- When were you first diagnosed with hypertension? \_\_\_\_\_
- Why was your blood pressure measured at that particular time?  
 i.e. Routine examination, symptoms like dizziness, syncope (black outs), blurring of vision, etc. \_\_\_\_\_  
 What was your highest blood pressure reading recorded at that time? \_\_\_\_\_
- Are you taking any medicine for blood pressure control?  Yes  No  
 Please provide the name of the drug: \_\_\_\_\_ Dosage per day: \_\_\_\_\_
- Do you check your blood pressure regularly?  Yes  No  
 If 'Yes' how often?  Monthly  Half-yearly  Annually  Randomly  
 Please mention your last two blood pressure readings and dates: i) \_\_\_\_\_ ii) \_\_\_\_\_
- Do you consume alcohol or smoke or use tobacco in any form?  Yes  No  
 If 'Yes'  
 a) How many cigarettes/bidis/cigars/pipes do you smoke per day? \_\_\_\_\_  
 b) How much alcohol do you consume per day? \_\_\_\_\_ ml/day  
 c) Your alcohol of choice: wine / Beer / Whiskey / Gin / Rum / Vodka / Spirit
- Do you suffer from or have been treated for diabetes, heart disease, kidney disease, chronic joint disease, hyperlipidaemia, chronic headache etc ?  
 \_\_\_\_\_
- Have you ever undergone medicals like TMT, chest x-ray, ECG, or any other test?  Yes  No  
 If 'Yes', please mention the test results: \_\_\_\_\_  
 \_\_\_\_\_  
 Submit blood tests, urine analysis, lipid profile, ECG or any other tests done in the last two years.
- Please provide the name and address of your physician, along with the latest follow-up notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Date of your last consultation: \_\_\_\_\_
- Please provide any additional information that would help in processing your application: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I hereby declare, and agree that the above particulars and answers are complete and true; and this questionnaire will form a part of the contract of the desired insurance on my life.

Place: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of the Life Insured

\*\*Please tick (P) wherever applicable.

**VERNACULAR DECLARATION**

I have explained the contents of this form and have read out the responses to the Life Insured in his/her local language. He/she has confirmed that the contents are fully understood by him/her.

Name of the Declarant: \_\_\_\_\_

\_\_\_\_\_

Address of the Declarant: \_\_\_\_\_

Signature of the Declarant

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Place: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of the Life Insured