Hypertension Questionnaire

To be completed by attending Doctor

Proposed Life : _____ 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) Where 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, E.C.G, Stress, Blood Test, Scans, Urine, Microurinalysis, 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

b) Brain ☐ Yes ☐ No

c) Kidney ☐ Yes ☐ No

d) Eyes ☐ Yes ☐ No

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

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

NO.	DATE	NAME OF MEDICATION	DOSAGE
1			
2			
3			
4			
5			
6			

(6) Is he/she currently on medication? If the answer is "NO", please indicate the date and reasons treatment was discountinued.	☐ Yes ☐ No
(7) Was fundoscopy done on him/her? If the answer is "YES", please give details of the fundocopy results	☐ Yes ☐ No
(8) a. Is he/she regular with his/her follow up at your clinic? b. Does he/she strictly adhere to the advice and treatment prescribed by you?	☐ Yes ☐ No ☐ Yes ☐ No

This report has been prepared by:-

Signature of Doctor : _____ Clinic Rubber Stamp : _____

Dated : _____ Telephone No. _____

KINDLY RETURN THIS FORM IN A SEALED ENVELOPE TO THE UNDERWRITER OF OUR COMPANY SO AS TO MAINTAIN CONFIDENTIALITY OF THE INFORMATION THAT YOU HAVE PROVIDED.