

## Hypertension Questionnaire

(To be filled by the Life to be Assured)

Proposal Number: \_\_\_\_\_

Name of the Life to be Assured: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Male/Female: \_\_\_\_\_

1. When was your high blood pressure first diagnosed? \_\_\_\_\_

2. Why was your blood pressure measured at that particular time? E.g. routine examination, due to symptoms etc.  
\_\_\_\_\_

3. What were your blood pressure readings at that time? \_\_\_\_\_

4. Have you had an ECG, X-ray, Blood lipid test, Echocardiogram or other investigation? Yes  No

If yes, provide details (dates & results) \_\_\_\_\_

5. Please provide details of treatment, include names of medications (e.g. *Moduretic, Navidrex, Aldomet, Inderal, Tenoretic, Tenormin, Trasicor etc.*), dosage and how often taken.

a. currently \_\_\_\_\_

b. In the past \_\_\_\_\_

6. Regarding monitoring your condition:

a. Who is in charge of your follow-up? Please provide name and address \_\_\_\_\_  
\_\_\_\_\_

b. How often do you go for follow-ups? \_\_\_\_\_

c. When was your last consultation? \_\_\_\_\_

7. Have any abnormalities, such as protein, blood, or sugar, ever been found in your urine? Yes  No

If yes, please provide date(s) and full details \_\_\_\_\_

8. Do you suffer from any of the following?

a. Elevated Blood sugar Yes  No

b. Raised cholesterol Yes  No

c. Heart related problems Yes  No

d. Kidney related problem Yes  No

e. Eye problems Yes  No

If Yes, Please provide date(s) and full details \_\_\_\_\_

9. Has there been significant absence (e.g. weeks) at work because of this condition?  Yes  No

If Yes, please provide details \_\_\_\_\_

11. Do you smoke or consume tobacco in any form? Yes  No

10. Please provide any additional information on your condition which you feel will be helpful in processing your application \_\_\_\_\_

**I hereby declare that the answers I have given are, to the best of my knowledge, true and that I have not withheld any material information that may influence the assessment or acceptance of this application. I agree that this form will constitute part of my application for insurance and that failure to disclose any material fact, known to me, may invalidate the contract.**

Signature: \_\_\_\_\_

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

**If signature is in vernacular or proposer is illiterate:**

I hereby declare that I have read out and explained the contents of this questionnaire to the proposer in \_\_\_\_\_ Language and that he/she had understood the same and the answers were truly and correctly recorded. I have fully explained that this forms part of the contract and if there has been any non-disclosure of material fact, the policy may be treated as null and void.

Signature of person making the declaration:

Name and address:

Place:

Date:

*We mean life!*

**Star Union Dai-ichi Life Insurance Company Limited**

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