



INSURANCE MARKETING SERVICES

PRODUCTS SERVICE AND TECHNOLOGY

Blood Pressure & Cholesterol Questionnaire

Information gathered will be used in the evaluation of the insurability of the applicant. Offers are tentative and are subject to verification of the submitted medical evidence and other criteria used in the underwriting of life insurance.

Agent's Name: _____ Phone #: _____

Proposed Insured: _____ Date of Birth: ___/___/___

Male () Female () Height _____ Weight _____ Smoker () Non Smoker ()

Amount of Coverage \$ _____ Product Type _____

1. Date of onset of B/P: _____ Highest readings: _____ Date: _____
Current reading: _____ Date: _____

2. Provide details of medication: Type: _____
Dosage: _____
Frequency: _____

3. Any other health problems related to B/P (diabetes, kidney or heart)?

4. Date of cholesterol diagnosis: _____ Highest count: _____ Date: _____
Current count: _____ Date: _____

5. Current HDL: _____ Current LDL: _____ Current Triglycerides: _____

6. Provide details of any related treatment or medication:

FAMILY HISTORY

Family Member	Age	If Living State of Health or Cause of Death	Age at Death
Father			
Mother			
Brother (s)			
Sister (s)			