AGENTS INSURANCE SERVICES of AMERICA, Inc.
Email: to UndSolutions@cs.com or Fax to: (760) 435 9703
Telephone: (760) 435 9702

Build and High Blood Pressure Questionnaire

Name [] Male [] Female Age Date of Birth

Tobacco Use: [] No [] Cigarettes [] Other tobacco Date quit?

State Amount of Insurance Type of Insurance

Occupation/Source of income:

1. Date high blood pressure/ hypertension was diagnosed:

2. How often do you visit your physician?

3. High Blood Pressure is controlled by: [] Diet and exorcise alone

[] Medication- type and amount of medication:

4. Test Results:

Blood Pressure:

Cholesterol:

HDL:

LDL:

5. Other medications:

6. Do you have any of the following complications: [] chest pain, [] diabetes, [] elevated cholesterol, [] stroke or TIA (Transient Ischemic Attack), [] kidney disease, [] peripheral vacular disease, [] coronary artery disease or other heart problems, [] abnormal EKG, [] abnormal Stress EKG.

Details #6:

General Questions:
1. Do you have any other major health problems? [] No [] Yes – Details:

2. List all medications:

3. Height: Weight: Most recent blood pressure reading:

Agent Name:

Address: **City:** **State:** **Zip:**

Phone: **Fax:** **Email:**

The information gathered above will be used in the evaluation of the insurability of the applicant. All offers are tentative and are subject to verification of the submitted medical evidence and other criteria used in the underwriting of life insurance Copyright 2000 to 2013. By Fredric Berger. All rights reserved.