

# BLOOD PRESSURE QUESTIONNAIRE

DATE: \_\_\_\_\_ ADVISOR NAME: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
TYPE OF COVERAGE:  TERM  UNIVERSAL LIFE  SECOND TO DIE  OTHER: \_\_\_\_\_

## CLIENT INFORMATION:

PROPOSED INSURED: \_\_\_\_\_ DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_

MALE  FEMALE HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ STATE OF SALE: \_\_\_\_\_

OTHER COMPANY ACTIONS:  RATED TABLE \_\_\_\_\_  POSTPONED  DECLINED - WHEN \_\_\_\_\_

OTHER COMPANY DETAILS: \_\_\_\_\_

DATE OF DIAGNOSIS: \_\_\_/\_\_\_/\_\_\_ MOST RECENT BLOOD PRESSURE READING: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

ARE YOU CURRENTLY ON ANY MEDICATION?  NO  YES - GIVE DETAILS: \_\_\_\_\_

PLEASE CHECK IF YOU HAVE HAD ANY OF THE FOLLOWING (CHECK ALL THAT APPLY):

- CHEST PAIN OR CORONARY ARTERY DISEASE
- DIABETES
- FAMILY HISTORY OF HEART DISEASE, HIGH BLOOD PRESSURE, STROKE
- ABNORMAL LIPID LEVELS
- TIA OR STROKE
- PERIPHERAL VASCULAR DISEASE
- ENLARGED HEART
- KIDNEY DISEASE
- ANEURYSM
- OVERWEIGHT

HAS A STRESS ELECTROCARDIOGRAM (TREADMILL TEST) BEEN COMPLETED WITHIN THE PAST YEAR?

- YES - NORMAL DATE: \_\_\_/\_\_\_/\_\_\_
- YES - ABNORMAL DATE: \_\_\_/\_\_\_/\_\_\_
- NO

HAVE YOU EVER HAD AN ECHOCARDIOGRAM?  YES - PLEASE INCLUDE A COPY  NO

DO YOU HAVE ANY OTHER MAJOR HEALTH PROBLEMS?  NO  YES - PLEASE LIST: \_\_\_\_\_

ADDITIONAL NOTES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please return via email at

***PlusMarketing@pfnins.com***



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901 Wilshire Drive, Suite 140, Troy MI 48084

800.887.7587