

Client Questionnaire – Hypertension

Please complete this form in **BLOCK CAPITALS**. Please use extra paper if there is insufficient space on the form for your answers.

Full name: _____ Date of birth: _____

1. When was the 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. Do you know what your blood pressure readings were at diagnosis?

Yes

No

If Yes, Please provide details.

4. Have you had an ECG, X-ray, blood lipid test or other investigations?

Yes

No

If Yes, Please provide details including dates of investigations and results.

5. Please provide details of your treatment. Include names of medication (e.g. Moduretic, Navidrex, Aldomet, Inderal, Tenoretic, Tenormin, Trasicor etc), dosage and how often taken:

(a) Currently:

(b) In the past:

6. Regarding the monitoring of your condition:

(a) Who is in charge of your follow-up?

(b) How often do you attend for follow-up?

7. When was your last consultation? Please provide details of your blood pressure reading at that time, if known.

8. Have any abnormalities (e.g. protein, blood, etc) ever been found in your urine?

Yes

No

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

9. Do you smoke or have you ever smoked cigarettes?

Yes

No

If Yes, When and how many cigarettes do/did you smoke per day?

10. Have you lost significant time (e.g. weeks) off work with this condition?

Yes

No

If Yes, Please provide details including dates and duration of time off work.

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

I 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 Health Insurance with Vanbreda International and that failure to disclose any material fact known to me may invalidate the contract.

Signature: _____ Date: _____