FPG
FINANCIAL PROFESSIONALS GROUP

Hypertension Questionnaire

Clear Form

Name DOB Gender Male

Desired Face Amount and coverage:	
Height and Weight:	
Date of or Age at Diagnosis:	
Most recent blood pressure reading (Systolic/Diastolic):	
Is hypertension currently under control?	
List any current medications, including dosage and frequency:	
Has the client made any lifestyle changes since diagnosis?	
Has the client had any of the following? Check all that apply:	☐ Chest pain or coronary artery disease ☐ Family history of heart disease, high BP, stroke ☐ Abnormal lipid levels ☐ TIA or stroke ☐ Enlarged heart ☐ Aneurysm ☐ Diabetes ☐ Peripheral vascular disease ☐ Kidney disease
Has the client smoked cigarettes in the past 12 months?	
Has a stress electrocardiogram (treadmill test) been completed within the past year?	☐ Yes, normal (provide date): _____ ☐ Yes, abnormal (provide date): _____ ☐ No
Has the client ever had an echocardiogram? If yes, provide date:	
Has the client ever had any other major medical conditions? Provide diagnosis date, treatment, results, etc.	

Please return the completed form to your financial professional.

All quotes are tentative and are NOT BINDING and SUBJECT TO full underwriting which may include exams, labs, doctor records, and/or any other information obtained during the underwriting process.