



Viva Health Inc. Health Questionnaire—High Blood Pressure

Employee Name: _____ Group Name: _____
Proposed Insured: _____ D.O.B. _____

1. Have you ever been diagnosed with high blood pressure? *If yes, when?*
2. List the date that your elevated high blood pressure was first diagnosed. Please include the name and address of the doctor.
3. Have you ever been hospitalized due to high blood pressure? *If so, please list the name of the hospital and dates you were hospitalized.*
4. Please list the name and address of your current physician and how often you see him.
5. Have you ever taken medication for high blood pressure? *If so, what type?*
6. Are you still taking medicine for high blood pressure? *If not, when did you stop?*

7. Please list the following blood pressure readings with dates:

	<u>Systolic</u>	<u>Diastolic</u>	<u>Date</u>
Highest			
Last 3 readings	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Current	_____	_____	_____
	_____	_____	_____

8. Have you ever experienced a rapid heart rate, shortness of breath, chest pain, dizziness, or kidney trouble? *If yes, please describe and give the dates of these occurrences.*
9. Have you ever had an electrocardiogram (EKG), stress test, or other special medical test done? *If so, what were the results of the test and who was the physician who gave you the test?*
10. Do you smoke? If yes, how many cigarettes per day?

I represent to the best of my knowledge and belief that each of the above statements and answers are complete and true. I understand that the answers to the above questions will be the basis of any coverage issued and that any incorrect answers may operate to void this insurance.

Date: _____ **Signature of proposed insured:** _____

Use reverse side for additional comments or if further space is needed