

High Blood Pressure Questionnaire – 3.1

We thank you for applying for an HDFC Life Insurance Policy. To enable us to assess your application, kindly send this High Blood Pressure Questionnaire answered by the Life to be Assured and duly signed by the Life to be Assured and Proposed Policy Holder, if any.

Please note: Wherever examples are provided, they are not intended to be complete list.

Application No / Proposal No	
Name of Life to be Assured in full	

1. Have you ever been diagnosed with high blood pressure/ hypertension? (Please answer 'Yes' or 'No')	Yes / No
Please answer all the following questions, only if the answer to above question is 'Yes'. If the answer is 'No' then please return the form duly signed.	
2. When was high blood pressure/ hypertension first diagnosed?	
3. What was the cause/reason for which your blood pressure was measured at the time of diagnosis? E.g. routine examinations, due to symptoms etc.	
4. What was your blood pressure reading recorded at the time of diagnosis?	
5. Have you ever undergone an ECG, X-Ray, blood sugar test, Hba1c, blood lipid test or other investigations? If yes, please provide name of investigation(s) undergone and results thereof. (Kindly attach copies of all investigation reports)	Yes / No
6. Please provide details of treatment prescribed including name(s) of medication, dosage and frequency. E.g. Aten, Amdepin, Telma, Enam, Natalix, etc.	Current
	Past
7. Kindly answer following regarding the monitoring of your condition.	
7.a. Name, address and contact number of the doctor in charge of your follow-up.	
7.b. How often do you attend a follow-up?	
7.c. When was your last consultation? Please mention your blood pressure reading at that time.	

8. Have you ever been diagnosed with any of the following? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please tick diagnosed condition/health ailment from below list.	
a. Retinopathy <input type="checkbox"/>	d. Giddiness <input type="checkbox"/>
b. Diabetes <input type="checkbox"/>	e. Protein or albumin in the urine <input type="checkbox"/>
c. Heart or circulatory problems <input type="checkbox"/>	f. High level of cholesterol <input type="checkbox"/>
9. Do you smoke cigarettes/ bidis / any other form of tobacco etc? If yes, how many do you smoke per day?	Yes / No Per day _____ units
10. Do you consume alcohol? If yes, state the type of alcohol you consume and your average weekly intake of quantity. <i>(Please note: 125 ml of wine = 1 unit equivalent 330 ml of beer = 1 unit equivalent and 30 ml of any other spirit = 1 unit equivalent)</i>	Yes / No Per day _____ units
11. Have you ever been hospitalised or lost significant time off work on account of elevated blood pressure/hypertension? If yes, kindly enclose discharge summary and treatment received.	Yes / No
12. Please provide any additional information apart from the above, which will enable us in better assessment of the application form.	

❖ An incomplete Questionnaire will not be considered valid

Declaration of Life to be Assured:

I agree and understand that the information given herein is true and complete in all respects and will form an integral part of the proposal made by me for an insurance policy from HDFC Life Insurance Company Limited and that failure to disclose any material fact known to me may invalidate the contract.

Signature/thumb impression (Life to be Assured)	<input type="text"/>	Date:..... Place:.....
Signature/thumb impression(Proposed Policy Holder if different from Life to be Assured)	<input type="text"/>	Date:..... Place:.....

In the case of thumb impression\ signature in vernacular language:

In case of thumb impression of the Life to be Assured the same should be attested by a person of standing whose identity can be easily established, but unconnected with the Company and this declaration should be made by him. I hereby declare that I have explained the contents of this form to the Life to be Assured in _____ language and have truthfully recorded the answers provided to me and that the Life to be Assured has signed /affixed thumb impression(s) above after fully understanding the contents thereof.

Signature	<input type="text"/>	Date:..... Place:.....
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Name and address of the declarant _____