

HYPERTENSION QUESTIONNAIRE
(complete all questions)

Name of primary applicant: _____ ID/SSN: _____

Name of person treated: _____ Relationship to applicant: _____

1. Date high blood pressure first diagnosed? _____ Blood pressure reading at that time? _____

2. Are you taking medication(s) for your blood pressure? Yes _____ No _____

Name of Medication:	Dosage:	Frequency (i.e., daily, as needed)
_____	_____	_____
_____	_____	_____

If no, did your doctor recommend discontinuation? Yes _____ No _____ Date Discontinued _____

3. How often do you see your doctor for blood pressure checkups? _____

4. Please provide your last **5 blood pressure readings from your doctor and date of readings:**

_____	_____	_____
_____	_____	_____

If you monitor your blood pressure at home, what does it normally run? _____

5. What is your current height? _____ Weight? _____

6. Any history of: **(Circle one)**

Circulatory Disorder	Yes	No
Kidney disease	Yes	No
Diabetes	Yes	No
Heart disorder/murmurs	Yes	No
Cerebrovascular disease (Stroke, TIA)	Yes	No
Valve problems or enlarged heart	Yes	No

Please explain any "yes" answers: _____

7. Please provide your latest cholesterol reading (if know): _____

8. Medication required? Yes _____ No _____

Name of Medication:	Dosage:	Frequency (i.e., daily, as needed)
_____	_____	_____
_____	_____	_____

9. Have you ever been hospitalized for your high blood pressure? Yes _____ No _____

If yes, name and address of hospital? _____

Date of hospitalization and treatment: _____

10. Name and address of treating physician: _____

All of the above statements are true, complete and correctly recorded to the best of my knowledge. I understand Anthem Blue Cross and Blue Shield will rely on these statements when determining eligibility.

Signature of person treated (or parent/guardian if under 18)

Date