



# BLOOD PRESSURE QUESTIONNAIRE

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ FILE \_\_\_\_\_

1. When was elevated blood pressure first diagnosed?

\_\_\_\_\_

2. Is blood pressure monitored at home?  Yes  No

How often? \_\_\_\_\_

Usual reading? \_\_\_\_\_

3. Is blood pressure monitored by a doctor?  Yes  No

Who? \_\_\_\_\_

How often? \_\_\_\_\_

Date last checked? \_\_\_\_\_

Reading? \_\_\_\_\_

How long in this range? \_\_\_\_\_

4. Was your doctor satisfied with your most recent readings?  Yes  No

5. Current medication?  Yes  No

Type \_\_\_\_\_

Dosage \_\_\_\_\_

6. Has your medication been changed in last 6 months?  Yes  No

Type \_\_\_\_\_

Dosage \_\_\_\_\_

Date \_\_\_\_\_

**DECLARATION:**

I declare that the answers and statements to the above questions are compete and true to the best of my knowledge and belief. I understand they will form part of my application for insurance on my life.

I understand that if I do not fully, completely and truthfully answer the above questions (if I misrepresent my answers or statements) the Company may void this policy.

Date \_\_\_\_\_ Signature of Proposed Insured \_\_\_\_\_

**PLEASE RETURN FORM TO:**  
The Wawanesa Life Insurance Company, 400-200 Main Street, Winnipeg, MB R3C 1A8  
TOLL FREE: 1-888-997-9965 FAX: 1-888-985-3872 WEBSITE: wawanesalife.com