

# Hypertension Quote Request

Name \_\_\_\_\_ Sex M F Date of Birth \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Smoker? Y N State \_\_\_\_\_

Coverage Desired? \_\_\_\_\_ Amount \_\_\_\_\_ Plan Desired? \_\_\_\_\_

Have you ever been Rated or Declined for insurance? If YES Complete details please

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When was your Hypertension (High Blood Pressure) first diagnosed? \_\_\_\_\_

Do you take your Blood Pressure Medication regularly? Y N

What have been your recent Blood Pressure readings with medication? \_\_\_\_\_

What has been your recent Cholesterol readings? \_\_\_\_\_

Have you ever had any of the following:

(Please circle those that apply)

Heart Attack or Myocardial Infarction

Aneurysm

Chest Pain or Coronary

Coronary Artery Disease

TIA or Stroke

Enlarged Heart

Kidney Disease

Peripheral Vascular Disease

If YES, Complete details and dates please \_\_\_\_\_

Have you had a Treadmill EKG or any type of Stress Test? If so, When? \_\_\_\_\_

Were the results normal? \_\_\_\_\_

Do you have Diabetes? Y N When Diagnosed? \_\_\_\_\_

If YES, what medication are you taking? \_\_\_\_\_

Do you have any Family History of Heart Disease or Diabetes? \_\_\_\_\_

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What Lifestyle Changes have you made to treat your illness? \_\_\_\_\_

Please list all medications being taken: \_\_\_\_\_

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Do you have any other major health problems? (example: cancer, etc)?

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*Please also submit a copy of any recent Catheterizations or Stress Tests*

Broker Submitting Questionnaire: \_\_\_\_\_

Address \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please send completed form:

Victorson Associates, Inc. PO Box 863 Smithtown, NY 11787  
You may Fax to: (631) 265-7054 or E-mail to: [vainc@victorson.com](mailto:vainc@victorson.com)