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### Blood Pressure Questionnaire

Agent Name \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Applicant Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Sex Male Female Height/Weight \_\_\_\_\_ / \_\_\_\_\_

Occupation \_\_\_\_\_ Ever use nicotine products?  
 Other: \_\_\_\_\_

If yes, check type and list date last used: \_\_\_\_\_  
 Date last used \_\_\_\_\_ Frequency per month \_\_\_\_\_

Product Applying for:  Term  Universal Face Amount \_\_\_\_\_

1. If you have elevated blood pressure when did you first notice? \_\_\_\_\_

2. Please provide most current blood pressure reading: \_\_\_\_\_

3. What have your blood pressure readings been over the last 24 months:

Date: \_\_\_\_\_ Reading: \_\_\_\_\_ Date: \_\_\_\_\_ Reading: \_\_\_\_\_

Date: \_\_\_\_\_ Reading: \_\_\_\_\_ Date: \_\_\_\_\_ Reading: \_\_\_\_\_

4. Do you know your Cholesterol level? No Yes

Date: \_\_\_\_\_ HDL/Cholesterol ratio: \_\_\_\_\_

5. Have you been diagnosed with or had any of the following symptoms: Please check all that apply

- Chest pain/angina**
  - Heart Disease**
  - Diabetes**
  - Stroke/TIA**
  - Kidney Disease**
- Proteinuria**
  - Aneurysm**
  - High Cholesterol**
  - Pulse Disorder**
  - Abnormal EKG**

6. Have you had an EKG done within the last 5 years? No Yes

Date: \_\_\_\_\_ Results: \_\_\_\_\_

7. Do you exercise regularly? No Yes

Details: \_\_\_\_\_

8. Are you on any medication(s)? No Yes

Name(s) and dosage(s): \_\_\_\_\_

9. Date you last consulted your physician: \_\_\_\_\_

**Please fax this form to MRW Financial Inc. 813-875-7331 or email to marie@mrwfinancial.com**