



## RAISED BLOOD PRESSURE QUESTIONNAIRE

**Name:**

**Proposal No.:**

Please answer all questions in this questionnaire providing full details. Once you have completed all the questions and read the declaration please sign and date where applicable.

1. When was your raised blood pressure first diagnosed?

2. Do you know your blood pressure reading at that time? Yes ☐ No ☐ If 'Yes', please advise the values:

3. Had you experienced any symptoms at the time of diagnosis? Yes ☐ No ☐ If 'Yes', please provide details.

4. Was there any underlying cause identified? Yes ☐ No ☐ If 'Yes', please provide details.

5. Have you had any kidney or renal investigations? Yes ☐ No ☐ If 'Yes', please provide details including dates and results.

6. Have you had any investigations such as 24h Blood Pressure monitor, ECG, x-ray or Echocardiogram? Yes ☐ No ☐  
If 'Yes', please provide details including dates and results.

7. Have you ever had your cholesterol checked? Yes ☐ No ☐ If 'Yes', please provide details including dates and results.

8. Please provide details of your current treatment, including names of all medication, dosage and how often it is taken.

9. Was your treatment different in the past? Yes ☐ No ☐ If 'Yes', please provide details.

10. How often does your GP measure your blood pressure?

a) When was the last time?

b) What was it?

11. Is your GP happy with you blood pressure control? Yes ☐ No ☐ If 'No' please advise why.

12. Do you have blood pressure monitor at home? Yes ☐ No ☐ If 'Yes' please advise typical current Blood Pressure readings.

13. Do you suffer from any other complications, such as kidney, heart or circulatory problems? Yes ☐ No ☐  
If 'Yes' please provide full details.

14. Have you ever had your urine tested? Yes ☐ No ☐ If 'Yes' was it normal Yes ☐ No ☐  
If 'No' please provide details of any abnormality

15. Please provide any other information about this condition that you think would be helpful to us in processing your application

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**I declare that:**

- The answers above are true and complete to the best of my knowledge
- I have not withheld any information that may influence the assessment or acceptance of this application.

**I agree that:**

- This questionnaire will form part of the application to Royal London
- If the answers to any of the questions changes before Royal London assumes risk on the plan, I'll tell Royal London in writing
- If I do not give Royal London all facts that are likely to influence the assessment and acceptance of this application, any plan issued as the result of this application may be cancelled or the terms changed and any claims may be refused.

**Signed:****Date:**