

BUILD & BLOOD PRESSURE QUESTIONNAIRE**Rohrer & Associates**

Insured's Name: _____ DOB: _____ State: _____ Sex: M / F
 Height: Ft. In. Weight: _____ Face Amount: _____
 Tobacco use in the past 5 years: No Yes Details: _____
 Producer: _____ State: _____ Phone: _____ E-mail: _____

Proposed Insured please answer the following:

1. What was your weight 12 months ago?
2. If you have elevated blood pressure, when did you first notice it?
3. Please provide your current blood pressure reading:
4. What have your blood pressure readings been over the last 24 months:
 Date: Reading: Date: Reading:
 Date: Reading: Date: Reading:
 Date: Reading: Date: Reading:
5. Do you know your Cholesterol level? Yes No
 Details:
6. Have you been diagnosed with or had any of the following symptoms (please circle all that apply):
 Chest pain/Angina Heart Disease Diabetes High Cholesterol
 Kidney Disease Proteinuria Aneurysm Stroke/TIA
 Pulse Disorder Abnormal EKG
 Details:
7. Have you had an EKG done within the last 5 years? Yes No
 Details:
8. Do you exercise regularly? Yes No
 Details:
9. Are you on any medications(s)? Yes No
 Name(s) and dosage(s): _____
10. Name, address & phone number of your physician(s) and date last consulted:

Additional Information (please use reverse side for additional space):

Date: _____ Insured's Signature: _____