

CPS QQ FOR HYPERTENSION (HIGH BLOOD PRESSURE)

Information gathered will be used in the evaluation of the applicant's insurability. Offers are tentative subject to verification of the submitted medical evidence and other criteria used in the underwriting of life insurance. © COPYRIGHT CPS

CLIENT: NAME _____ / M F / DOB _____ AGE _____ / HT _____ WT _____ / STATE _____

AMT. REQUESTED \$ _____ / MAX. ANNUAL PREMIUM \$ _____ / TYPE OF INS. UL TERM YRS. LVL _____

TOBACCO USE NO YES, TYPE _____ / REPLACEMENT YES NO / CURRENT ANN. PREM. \$ _____

LAST LIFE INSURANCE APP. YEAR _____ COMPANY _____ ACTION _____

OCCUPATION _____ / MARITAL STATUS SINGLE MARRIED WIDOWED DIVORCED

FAMILY HISTORY - AGE, IF STILL LIVING: FATHER _____ MOTHER _____ SIBLING 1 _____ SIBLING 2 _____ SIBLING 3 _____

IF ANY DECEASED GIVE RELATION, AGE AND CAUSE, OF EACH _____

DRIVING RECORD - # OF VIOLATIONS IN PAST 3 YEARS _____ / # OF DUI / RECKLESS DRIVING PAST 5 YEARS _____

DO YOU EXERCISE 3 OR MORE TIMES PER WEEK? NO YES, DETAILS _____

DATE OF LAST MEDICAL CHECKUP _____ / DATE OF LAST EKG _____ AND RESULTS _____

LAST BLOOD PRESSURE READING (RESULTS) _____ / _____ / ARE YOU TREATED FOR BLOOD PRESSURE NO YES

LAST CHOLESTEROL READING, HDL READING (RESULTS) _____, _____ TREATED FOR CHOLESTEROL NO YES

AGENT: NAME _____ PHONE _____ FAX _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

CPS OFFICE ONLY: ENTER OFFICE NAME/LOCATION _____ FAX _____

1. PLEASE DETAIL THE CLIENT'S FAMILY HISTORY (AGE IF LIVING / AGE AT THE TIME OF DEATH AND CAUSE):

FATHER _____ / _____

MOTHER _____ / _____

SIBLING _____ / _____

SIBLING _____ / _____

2. DETAIL THE CLIENT'S MEDICAL HISTORY (CHECK ALL THAT APPLY):

CANCER HISTORY

HEART HISTORY / CONDITION

DIABETES HISTORY

ALCOHOL OR DRUG ABUSE HISTORY

HIGH BLOOD PRESSURE, PLEASE DETAIL:

CURRENT READING _____ / HIGHEST READING _____

TYPE OF TREATMENT _____

ELEVATED CHOLESTEROL HISTORY, PLEASE DETAIL:

CURRENT READING _____ / HDL READING OR RATIO _____

HIGHEST CHOLESTEROL READING _____

TYPE OF TREATMENT _____

ELECTROCARDIOGRAM (EKG), IF TAKEN W/IN PAST YEAR:

RESULTS: NORMAL OTHER _____

STRESS EKG OR THALLIUM, IF TAKEN W/IN PAST YEAR:

RESULTS: NORMAL OTHER _____

SIGMOIDOSCOPY, IF TAKEN W/IN PAST YEAR:

RESULTS: NORMAL OTHER _____

PROSTATE EXAM, IF TAKEN W/IN PAST YEAR:

RESULTS: NORMAL OTHER _____

MAMMOGRAM, IF TAKEN W/IN PAST YEAR:

RESULTS: NORMAL OTHER _____

3. HT _____ WT _____ / WT LOSS IN LAST YEAR _____

LAST MEASURED BODY FAT % _____ / DATE _____

MEN ONLY: CHEST SIZE _____ IN. / WAIST SIZE _____ IN.

4. HAS THE CLIENT HAD A STANDARD MEDICAL CHECKUP W/IN THE PAST YEAR:

NO YES, PLEASE DETAIL: NORMAL OTHER _____

5. LIST ANY OTHER ILLNESSES OR IMPAIRMENTS (COMPLETE ANY OTHER QUICK QUOTE FORMS THAT MAY APPLY) ALONG WITH ALL MEDS AND VITAMINS TAKEN (INCLUDE DOSAGE AND FREQUENCY):
