



# AIA SINGAPORE

## HYPERTENSION / HIGH BLOOD PRESSURE QUESTIONNAIRE

### Particulars of Insured and Policy Owner

Name of Insured

NRIC/Passport/FIN No.



Name of Policy Owner

NRIC/Passport/FIN No.



### Policy Numbers







### Questions

1. When was the condition first diagnosed?

2. Please provide the name and address of your main doctor/clinic consulted for hypertension.

3. How often do you see this doctor for this condition?

Every  months

4. When was your last follow-up consultation?

5. Please state name(s) of your current medication and its dosage.

6. Have you ever been hospitalised due to high blood pressure?

Yes       No

If **Yes**, please provide following details.

Dates	Symptoms Felt	Treatment/Investigation done & Results



\* J 3 6 0 3 1 2 \*

7. Have you had any of the following tests done?

Yes  No

If **Yes**, please tick the tests that you have done.

	Results	Date
<input type="checkbox"/> Cholesterol (Total)		
<input type="checkbox"/> Ratio: Total/HDL		
<input type="checkbox"/> Chest X-ray		
<input type="checkbox"/> ECG		
<input type="checkbox"/> Exercise ECG		
<input type="checkbox"/> Echocardiogram		
<input type="checkbox"/> Angiogram		
<input type="checkbox"/> Nuclear scan		
<input type="checkbox"/> Others Please specify <input style="width: 250px; height: 20px;" type="text"/>		

8. In addition to your hypertension, do you suffer from any of the following or any other conditions not mentioned?

Yes  No

If **Yes**, please tick the followings.

Heart conditions/Chest pain  Kidney conditions/Blood or protein in urine

Brain conditions/Stroke  Others Please specify

9. Has a cause been identified for your hypertension?

Yes  No

If **Yes**, please give details.

10. Please give your most recent blood pressure readings.

BP reading  mmHg Date

11. Please submit all medical/investigation reports if they are available.

### Declaration and Authorisation

I hereby declare and agree that the above particulars and answer are complete and true, and this questionnaire will form part of the contract for the desired insurance on my life. I also authorise AIA Singapore Private Limited to obtain, if necessary, confidential reports from any doctor/clinic/hospital that I have referred above.

Signature of Insured

Date

Signature of Policy Owner

*\* Applicable if Insured is under age 16*

Date

FSC/IR's Name

FSC/IR's Code

FSC/IR Unit Name

Mobile No.

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