

## QUICK QUOTE FOR HYPERTENSION (HIGH BLOOD PRESSURE)

**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, PROVIDE RELATION, AGE AND CAUSE OF DEATH \_\_\_\_\_

HAVE ANY OF YOUR FAMILY MEMBERS BEEN DIAGNOSED WITH CANCER, DIABETES OR HEART DISEASE PRIOR TO AGE 60? IF YES, PROVIDE RELATION, ILLNESS AND AGE OF ONSET \_\_\_\_\_

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 \_\_\_\_\_ RESULTS \_\_\_\_\_

DATE OF LAST RESTING EKG \_\_\_\_\_ RESULTS \_\_\_\_\_

LAST BLOOD PRESSURE READING (EXAMPLE 140/80) \_\_\_\_\_ / ARE YOU TREATED FOR BLOOD PRESSURE?  NO  YES

LAST TOTAL CHOLESTEROL READING AND HDL READING \_\_\_\_\_ / ARE YOU TREATED FOR CHOLESTEROL?  NO  YES

**AGENT:** NAME \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

**CPS OFFICE ONLY:** ENTER OFFICE NAME/LOCATION \_\_\_\_\_ FAX \_\_\_\_\_

1. CLIENT'S MEDICAL HISTORY (CHECK ALL THAT APPLY AND PROVIDE DETAILS):

CANCER HISTORY : PLEASE COMPLETE CANCER QQ FORM

HEART HISTORY / CONDITION: PLEASE COMPLETE APPROPRIATE HEART CONDITION QQ FORM

DIABETES HISTORY: PLEASE COMPLETE DIABETES QQ FORM

ALCOHOL OR DRUG ABUSE HISTORY: PLEASE COMPLETE ALCOHOL AND DRUG USAGE QQ FORM

HIGH BLOOD PRESSURE, PLEASE DETAIL:

CURRENT READING \_\_\_\_\_ / HIGHEST READING \_\_\_\_\_

TYPE OF TREATMENT \_\_\_\_\_

ELEVATED CHOLESTEROL HISTORY, PLEASE DETAIL:

CURRENT READING \_\_\_\_\_; CHOL/HDL RATIO \_\_\_\_\_

TYPE OF TREATMENT \_\_\_\_\_

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

RESULTS:  NORMAL  OTHER \_\_\_\_\_

STRESS TEST OR NUCLEAR STRESS TEST/STRESS ECHO, IF TAKEN W/IN PAST YEAR:

RESULTS:  NORMAL  OTHER \_\_\_\_\_

COLONOSCOPY, IF TAKEN W/IN PAST YEAR:

RESULTS:  NORMAL  OTHER \_\_\_\_\_

PROSTATE EXAM, IF TAKEN W/IN PAST YEAR: (MALE)

RESULTS:  NORMAL  OTHER \_\_\_\_\_

MAMMOGRAM, IF TAKEN W/IN PAST YEAR: (FEMALE)

RESULTS:  NORMAL  OTHER \_\_\_\_\_

2. HT \_\_\_\_\_ WT \_\_\_\_\_ / WT LOSS IN LAST YEAR \_\_\_\_\_

LAST MEASURED BODY FAT % \_\_\_\_\_ / DATE \_\_\_\_\_

MEN ONLY: CHEST SIZE \_\_\_\_\_ IN. / WAIST SIZE \_\_\_\_\_ IN.

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

NO  YES, PLEASE DETAIL:  NORMAL  OTHER \_\_\_\_\_

4. LIST ANY OTHER IMPAIRMENTS (COMPLETE ANY OTHER QUICK QUOTE FORMS THAT MAY APPLY) ALONG WITH ALL MEDICATIONS AND VITAMINS TAKEN:

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