



LONPAC INSURANCE BHD (307414-T)

Head Office : LG, 6th, 7th, 21st to 26th Floor, Bangunan Public Bank, 6, Jalan Sultan Sulaiman, 50000 Kuala Lumpur, Malaysia.
P.O. Box 10708, 50722 Kuala Lumpur, Malaysia.
Tel: (03) 2262 8688, 2723 7888 Fax: (03) 2715 1332, 2034 2654, 2715 0722, 2072 3385, 2715 0696, 2723 7886
Website: www.lonpac.com

HYPERTENSION QUESTIONNAIRE (To be completed by the Attending Physician)

Name of Proposer: _____

NRIC Number of Proposer: _____

Name of Person to be insured: _____

NRIC Number of Person to be insured: _____

1. What is Date an Elevated Blood Pressure Reading was first noticed and what was the blood pressure reading?

Date: _____ Blood Pressure Reading: _____

2. What are the subsequent Blood Pressure Readings after treatment was initiated?

Current Year Blood Pressure Readings: Highest: _____ Lowest: _____ Usual: _____

Previous Year Blood Pressure Readings: Highest: _____ Lowest: _____ Usual: _____

Two Year Ago Blood Pressure Readings: Highest: _____ Lowest: _____ Usual: _____

3. Was any investigation carried out to ascertain the cause(s) of the Elevated Blood Pressure? For example: Chest X-Ray, ECG, Stress, SCG, Blood Tests, Scans, Microurinalysis etc. Yes No

If "Yes", please provide details:

Date of Investigation: _____ Type of Investigation: _____

4. Has the Person to be insured suffered from any End Organ Damage as a result of Elevated Blood Pressure?

(a) Heart: Yes No (b) Kidney: Yes No

(b) Brain: Yes No (d) Eyes: Yes No

If the answer to any of the above is "Yes", please indicate the extent of the organ damage:

5. Is the Person to be insured currently on Medication? Yes No

If "Yes", please indicate the types of Medication prescribed for the Elevated Blood Pressure:

Current Year: Medication: _____ Dosage: _____

Previous Year: Medication: _____ Dosage: _____

Two Year Ago: Medication: _____ Dosage: _____



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If "No", please provide the date and reasons the treatment was discontinued:

6. Was Fundoscopy done on the Person to be insured? Yes No

If "Yes", please provide details of the fundoscopy results:

7. Is the Person to be insured regular with his/her follow-up treatment at your Clinic? Yes No

8. Does the Person to be insured strictly adhere to the advice and treatment prescribed by you? Yes No

9. To the best of your knowledge, is the Person to be insured suffering from any other illness apart from his/her Elevated Blood Pressure? Yes No

If "Yes", please provide details:

This Report has been prepared by:

Clinic Rubber Stamp:

Signature of Doctor: _____

Name of Doctor: _____

Name of Clinic: _____

Date: _____

Note:

All expenses incurred in the completion of this Questionnaire have to be borne by the Proposer.