Punjab Life
Insurance Company Limited

# PUNJAB LIFE INSURANCE COMPANY LIMITED (PLIC)
## HYPERTENSION QUESTIONNAIRE (HQ)

- To be filled by Attending Physician. (**Subject Form will not be accepted without a doctor's stamp**)
- Attach a valid and clear copy of the Patient's/Member's CNIC

| | | | |
|---|---|---|---|
| Name | | CNIC No. | |
| Date of Birth | ____ / ____ / _____ | Policy/Proposal No. (if any) | |
| Name and Address of Doctor | | | |

**Please check appropriate answers and, where applicable, give details.**

| | |
|---|---|
| Diagnosis | ☐ Essential Hypertension ☐ Secondary Hypertension ☐ Malignant Hypertension |
| Date of Diagnosis | ____ / ____ / _____ Last Consultation: ____ / ____ / _____ |
| Height | |
| Weight | |

**Blood Pressure Readings in the Last 2 Years:**

| Dates | Values | | Dates | Values | |
|---|---|---|---|---|---|
| | Systolic Blood Pressure | Diastolic Blood Pressure | | Systolic Blood Pressure | Diastolic Blood Pressure |
| ____ / ____ / _____ | | | ____ / ____ / __ | | |
| ____ / ____ / _____ | | | ____ / ____ / __ | | |
| ____ / ____ / _____ | | | ____ / ____ / __ | | |
| ____ / ____ / _____ | | | ____ / ____ / __ | | |

| Particulars | No | Yes | Details / Dates |
|---|---|---|---|
| Cause Unknown | | | |
| If secondary hypertension, cause: | | | |
| Cause still present | | | |
| Treatment with antihypertensive | | | |
| Currently under treatment (if stopped, since) | | | |
| Other treatment (specify / why / since) | | | |

| ECG | No | Yes | Normal* | Abnormal* | Remarks |
|---|---|---|---|---|---|
| At Rest | | | | | |
| Exercise | | | | | |

| | | |
|---|---|---|
| Hypertensive or arteriosclerotic retinopathy (grade) | | |
| Coronary artery, cerebrovascular or peripheral artery disease before age 60 in family history | ☐ Father ☐ Mother | ☐ Siblings |
| Smoker? Cigarettes/day, since: | | |

**** IMPORTANT: Please attach last ECG(s).***

| | |
|---|---|
| **Signature & Stamp of Attending Physician:** | |
| Place of Signing: | Date: |