

**Form Med 15 - Medical Conditions Supplementary Questionnaire**  
**Blood Pressure/Cholesterol/Heart**

**Full Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Please remember that failure to answer the relevant questions fully may affect the underwriting decision and therefore terms offered may be amended or withdrawn.

Please provide as much information as possible. If you are unsure about the results of the exact diagnosis, results of tests or dates please contact your GP for details as this will help in the assessment of your application.

1. Is/was your condition raised Blood Pressure? Yes  No
- a) When was this first diagnosed?
- b) What was your most recent Blood Pressure reading and date it was taken?
- c) What treatment are you currently receiving?
- d) What treatment have you previously received?
- e) Is there an underlying cause? Yes  No
- f) Are there any complications? Yes  No
- g) Please give details and results of any ECG's, chest x-rays or other tests that have been carried out
- h) Are you awaiting any check-up or investigation with your GP or with a specialist? Yes  No
- i) Have you had any time off work due to this condition? Yes  No
2. Is/was your condition cholesterol? Yes  No
- a) When was this first diagnosed?
- b) What treatment are you currently receiving?

**Page 2 - Blood Pressure/Cholesterol/Heart**

c) What treatment have you previously received?

d) Is there an underlying cause?

Yes  No

e) Are there any complications?

Yes  No

f) Please give details and results of any ECG's, chest x-rays or other tests that have been carried out

g) Are you awaiting any check-up or investigation with your GP or with a specialist?

Yes  No

h) Have you had any time off work due to this condition?

Yes  No

3. Is/was your condition any of the following: angina, heart-attack, stroke, chest pain or other disorder of the heart or circulation?

Yes  No

a) What diagnosis have you been given?

b) Date the condition was first diagnosed

c) What treatment are you currently receiving?

d) What treatment have you previously received?

e) Is there an underlying cause?

Yes  No

f) Are there any complications?

Yes  No

**Page 3 - Blood Pressure/Cholesterol/Heart**

g) Please give details and results of any ECG's, chest x-rays or other tests that have been carried out

h) Are you awaiting any check-up or investigation with your GP or with a specialist? Yes  No

i) Have you had any time off work due to this condition? Yes  No

**Note:**

Please ensure your answers given in this questionnaire are, to the best of your knowledge, true and complete and that no information is withheld which may influence the underwriting of the application(s) for Life Assurance, Critical Illness cover, Income or Mortgage Payment Protection. Failure to disclose any material facts known may affect the terms offered. If you fail to provide any of this information or if you mis-state any information this could mean that the terms offered may be amended or withdrawn. If you are uncertain as to the relevance of any such information please disclose it anyway.