

Trustmark Insurance Company Medical Questionnaire
PO Box 7930, Lake Forest, IL. 60045
Phone (800) 229-4543 Fax (847) 615-4954
Hypertension (High Blood Pressure) Questionnaire

Proposed Insured:

Birthdate:

Address:

Employee:

Phone Number

Employer:

Work Phone:

Cert.#:

1. Date elevated blood pressure was first noted or diagnosed? _____

2. What medications are you currently taking including dosage and how often? _____

3. What were your last three (3) readings and dates taken? _____

4. Have you ever had any trouble with: heart; kidney; stroke; or other prolonged illness, condition or complications? If yes, provide details including physician and date last seen.

5. **Name, address and phone number** of your attending physician? _____

6. What is your current height and weight? _____

7. When was the last time you saw your doctor prior to **application sign date**? _____

8. List all conditions you are currently seeing a doctor for? _____

Signature of Proposed Insured

Date