



Policy Number/s

HYPERTENSION QUESTIONNAIRE - APPLICANT

(To form part of the policy contract)

Name of Applicant: _____

1. When was your hypertension first diagnosed? _____

2. What was your most recent blood pressure reading within the last 6 months? _____

3. Are you currently on medication for hypertension?

YES, please provide details in below table and answer to question 3.1

NO, please provide reason(s) why you are not currently on medication for your hypertension:

Name of Drug	Frequency and Dosage	Date Medication Started	Date Medication Stopped & Reason/s

3.1 Has your medication for hypertension been increased by your attending physician in the past 6 months? YES *If yes, please provide details* NO

4. Have you been hospitalized or had emergency care due to your hypertension in the past 3 years?

YES NO

If yes, please provide details (e.g. date of confinement, treatment received, name of hospital, etc.)

5. Other than for the purpose of regular check-ups, has any further treatment, investigation or follow-up been discussed, recommended, or otherwise contemplated in relation to this condition?

YES, please provide details below NO

Date	Type of Diagnostic Test	Results
/ /	<input type="radio"/> ECG	
/ /	<input type="radio"/> Chest x-ray	
/ /	<input type="radio"/> Treadmill Stress Test	
/ /	<input type="radio"/> 2D Echo	
/ /	<input type="radio"/> 24-Hour Holter Monitoring	
/ /	<input type="radio"/> Urinalysis	
/ /	<input type="radio"/> Others:	

6. Have you ever had or do you currently have any of the following? YES, please specify NO
 Eye Disease Proteinuria Stroke

7. Please provide details of your attending physician.

Name of Attending Physician:
Specialization:
Contact Number:
Clinic Address:
Email Address:

DECLARATION

I confirm that the answers I have given are, to the best of my knowledge, true and correct and that I have not withheld any material information that may influence the assessment or acceptance of this application.

I understand that the personal information collected or held by AXA Philippines may be used, stored, transferred (whether within or outside the Philippines) to such persons as AXA Philippines may consider necessary, including any of its affiliates or related companies, or any individuals/organizations/corporations/entities associated with AXA Philippines to process and deal with my application/policy to which this is appended to.

I agree that this form will constitute part of my application for insurance and that failure to disclose any material fact known to me may invalidate my insurance. Furthermore, I understand that declaration of any untruthful statement may also be a ground to invalidate my insurance.

Name and Signature

Date of Signing

AXA PHILIPPINES

34F GT TOWER INTERNATIONAL
6813 Ayala Avenue corner H.V. Dela Costa St. | Makati City 1226, Philippines