



**BROKERAGE GROUP
INTERNATIONAL, LLC**

Blood Pressure Questionnaire

Broker Name: _____ Date: _____

Phone: _____ Fax: _____

E-Mail: _____

Address/City/State/Zip: _____

CLIENT INFORMATION

Name: _____ M F

Date of Birth: _____ Height: _____ Weight: _____

Occupation: _____

Insurance Amount _____ Insurance Type: Term Universal Life Whole Life

Death Benefit: _____ Second to Die Variable

Have you ever used tobacco or nicotine products? Yes No

If yes, what type of product did you use? Cigarettes Cigar Pipe Other

BLOOD PRESSURE INFORMATION

1. When diagnosed? _____

2. Type of treatment?

a. Diet Weight loss Salt Reduction Medication

b. If applicable, list medications: _____

3. Do you take medications regularly? Yes No

4. Is your blood pressure controlled currently?

a. Yes No

b. Last reading? _____

5. Any complications? _____

6. Has an electrogram been done? Yes No

7. Additional Comments? _____

