



QUESTIONNAIRE: HYPERTENSION (HIGH BLOOD PRESSURE)

Name:

Date of birth:

Application reference:

1. Was the condition diagnosed in the last 12 months? YES / NO
2. Are you prescribed more than TWO medications to control this condition (excluding aspirin)? YES / NO
3. Are you under the care of a consultant? YES / NO
4. Do you see the GP/Nurse more than TWICE a year for this condition? YES / NO
5. Have you ever had any heart disorders, diabetes or renal/kidney impairment? YES / NO

Declaration

I declare that, to the best of my knowledge and belief, the answers to the above questions are true and complete.

Signature: **Date:**

(Of the person named above, or the main applicant if that person is a child under the age of 16)