



PRE-UNDERWRITING GUIDE HYPERTENSION

GENERAL INFORMATION

Agent Name: _____

Client Name: _____

UNDERWRITING QUESTIONS

1. Date of initial diagnosis: _____

2. What was the most recent blood pressure reading: _____

3. Has the client ever had an echocardiogram: Yes No

4. Has the client had an echocardiogram in the past year: Yes No

If yes, what were the results Normal Abnormal Date of test _____

5. Does your client have/had any of the following: Chest Pain Peripheral Vascular Disease

Overweight Diabetes TIA/Stroke Enlarged Heart Aneurysm

Elevated Lipids Kidney Disease Coronary Artery Disease

Other *If yes, please provide detail*

6. Does your client have a family history of: Heart Disease High Blood Pressure Stroke

Return the completed form to wfphelp@wentworthfp.com

Call us with questions at (855) 757-5433