Pulmonary Hypertension Questionnaire

Name: ____________________________    Date of Birth: _______________________
Height: ___________ Weight: __________   Sex: M/F
Tobacco Usage: _____________________    Face Amount: _____________________

___Term 10 15 20 30 ________________ UL

1. When was the proposed insured diagnosed with pulmonary hypertension? ___________________

2. Which of the following type of Hypertension has the Proposed Insured been diagnosed with?
   _____Primary   ___Secondary
   If Secondary, what is the underlying illness is causing the pulmonary hypertension?
   ___________________________________________________________________________

3. Does the proposed insured experience any of the following symptoms: (check all that apply)
   ____Shortness of breath  ____Fatigue  ____Dizziness
   ____Swelling of extremities  ____Chest pain  ____Fainting spells

4. How is the proposed insured being treated for Pulmonary Hypertension?
   ___________________________________________________________________________
   ___________________________________________________________________________

5. Is the proposed insured taking medication for this condition or any other? _____Yes _____No
   (If yes, please provide the name, dosage, and frequency):
   ___________________________________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________