



South Carolina

BlueCross BlueShield of South Carolina is an independent licensee of the Blue Cross and Blue Shield Association

BlueCross BlueShield of South Carolina Blood Pressure Questionnaire

1. Name of Applicant: _____

Applicant's Social Security Number or BlueCross ID Number: _____

2. Has the person named above ever had any of the following? YES NO

If yes, please check correct box(es) and provide details below.

- Checkboxes for various medical conditions: Congenital Heart Defects, Chest Pains, Heart Arrhythmia, Angina, Abnormal Electrocardiogram (EKG), Abnormal Stress Test, Heart Catheterization, Arteriosclerotic Heart Disease, Coronary Artery Disease, Cardiovascular Disease, Enlarged Heart, Stroke (TIA), Albumin in Urine, Elevated Cholesterol and/or Triglycerides, Kidney Disorder, Heart Murmur, Poor Circulation, Hematuria, Heart Attack, Blockage of the Carotid Arteries.

Details: Please call your doctor if you do not know, and list his/her complete name and address.

3. When was hypertension (elevated blood pressure) first diagnosed? _____

Reading _____

4. Name of medication(s) and dosage(s) taken: _____

If not being treated with medication, please explain: _____

5. Provide 3 blood pressure readings over the last 12 months, each must be taken at least 1 week apart. If you do not know, please call your doctor.

ONE READING MUST BE WITHIN THE LAST 6 MONTHS

(A) Reading _____ Date _____

(B) Reading _____ Date _____

(C) Reading _____ Date _____

6. Measured height: _____ Weight: _____ Date Taken: _____

7. In the last 12 months what was the highest reading?

Reading _____ Date _____

8. Has it ever been recommended that you be, or have you ever been, hospitalized to stabilize your blood pressure? YES NO If yes, provide details _____

Medical records may be required.

I hereby represent that the information on this questionnaire is complete, true and correctly recorded, and I hereby understand that this questionnaire will become a part of the records kept by BlueCross BlueShield of South Carolina.

Applicant's Signature

Date Signed