

Name of Applicant:	Reference No.:
Birthdate:	Sex:

Please **PRINT** all answers.

1. How long have you been the Attending Physician of the Applicant?

- less than a year
- 1-3 years
- 4 years and above

2. a. When was an elevated blood pressure first noticed? ___ / ___ / ___ (mo/day/year)

b. What was the blood pressure level reading at that time? _____

c. Was the hypertension secondary to some other conditions? Yes No

If yes, state nature and date of first manifestation of underlying conditions.

DATE	NATURE OF CONDITION
___ / ___ / ___	_____
___ / ___ / ___	_____
___ / ___ / ___	_____

3. Has this caused complications of the heart, brain or kidneys? Yes No

If yes, state nature and date of such complication.

4. a. When and what type of treatment did you give?

___ / ___ / ___ _____

___ / ___ / ___ _____

b. Indicate type, dosage and period taken of the drugs prescribed.

Type	Dosage	Period Taken

c. How did the blood pressure improve after the treatment? _____

5. Is the applicant still undergoing treatment? Yes No

If no, state reason for discontinuance. _____

6. a. What is the present blood pressure reading? _____

b. Has the applicant taken any of the following recently?

		Yes	No	RESULT
Fundoscopic Examination	[]	[]		_____
Radiological Examination	[]	[]		_____
Electrocardiographic Examination	[]	[]		_____

7. Please state any other relevant facts, other than what has been stated, which in your opinion may affect the prognosis.

I certify to the truth and correctness of the above information I provided the BPI-PHILAM LIFE ASSURANCE CORPORATION, in my capacity as the Attending Physician of the Applicant. This is made to form basis of his/her application for life insurance to the Company.

Signed at _____ this _____ day of _____, _____.

Name and Signature of Attending Physician
PTR No. _____
Address: _____

