

Mailing Address:
175 Scott Swamp Road
PO Box 4058
Farmington, CT 06034-9863
Fax: (860) 674-2862

Supplement to ConnectiCare® SOLO Application
HYPERTENSION QUESTIONNAIRE

Name of primary applicant: _____ ID/SSN: _____.

Name of person related to condition: _____.

1. When were you diagnosed with high blood pressure? _____. What was your blood pressure reading at that time? _____.

2. Are you taking medication(s) for your blood pressure? Yes or No: _____. If yes, please give the name of medication, dosage, and the frequency with which you take it:

If no, have you made dietary changes? Yes or No: _____.

3. How often do you see your doctor for blood pressure checkups?

_____.

4. Please provide your **last 5 blood pressure readings** from your doctor and the **dates of those readings**:

If you monitor your blood pressure at home, what does it normally run? _____.

5. Do you have any history of the following (circle all that apply):

Circulatory Disorder	Yes or No: _____.
Kidney disease	Yes or No: _____.
Diabetes	Yes or No: _____.
Heart disorder / murmurs	Yes or No: _____.
Cerebrovascular disease (Stroke, TIA)	Yes or No: _____.
Valve problems or enlarged heart	Yes or No: _____.

Please explain any "yes" answers:

_____.

6. Do you know your cholesterol reading? Yes or No: _____. If yes, please indicate latest reading: _____. Has there ever been medication required to maintain a normal reading? Yes or No: _____. If yes, please give the name of Medication, dosage, and the frequency with which you took it:

_____.

7. Have you ever been hospitalized for your high blood pressure? Yes or No: _____. If yes, please give the date of hospitalization/treatment and the name and address of the doctor who treated you:

_____.

8. Please provide the name and address of your current treating physician:

_____.

All of the above statements are true, complete and correct to the best of my knowledge. I understand and agree that this form is part of my application for coverage and that ConnectiCare will also rely on these statements when determining eligibility.

Signature of Applicant (or parent/guardian if under 18): _____.

Today's date: _____.