

HYPERTENSION QUESTIONNAIRE

(To be completed by the Medical Attendant)

Name, First name: _____

Dated: _____

This questionnaire will form part of the application.

1. How long have you attended the applicant? _____

2. When did you first discover the applicant's blood pressure was raised? Is this essential hypertension or is it due to another medical condition? _____

If due to another condition, please give details _____

3. What were the blood pressure readings at that time? (Please give highest and lowest pre-treatment figures) _____

4. Were any funduscopic abnormalities noted?

☐ No

☐ Yes – please provide details:

- When was anti-hypertensive treatment instituted? _____

- What type of treatment was given? _____

☐ diet

☐ drugs – please provide details, including dosage _____

(If different drugs were used at different periods, please indicate these particulars for each period and state reason for change) _____

☐ others – please provide details _____

- What effect did treatment have on blood pressure? _____

- Please give representative readings _____

- Is the applicant still on treatment? _____

☐ No – when was the treatment discontinued? _____

☐ Yes

5. What are the applicant's most recent blood pressure levels? _____

6. If applicable, has pregnancy been complicated by hypertension?

☐ No

☐ Yes – please provide details _____

7. Have any complications of hypertension ever been noted?

☐ No

☐ Yes – please provide details _____

8. Please give date(s) and result(s) of any electrocardiographic, radiological or other investigations which may have been carried out. Original ECG tracings should be attached. These will be returned in due course _____

Signed: _____ Date (day/month/year): _____