

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

Supplement to ConnectiCare® SOLO Application
HYPERTENSION/HIGH CHOLESTEROL 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:

_____.

-
1. Do you have high cholesterol? Yes or No: _____. When were you diagnosed?: _____.
 2. What is the most recent reading/value for the following:
LDL(bad): _____
HDL(good): _____
Total Cholesterol: _____
Triglycerides: _____
 3. Has medication been prescribed to control your high cholesterol? Yes or No: _____.
 4. What is the name, dosage, and frequency of the medication you are taking? _____.
 5. 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 (parent/guardian if under 18): _____ Today's date: _____.