

DIABETES QUESTIONNAIRE

CLIENT NAME:			Date:
☐ Male ☐ Female Date of birth:			
Tobacco Use: ☐ Never used ☐ Totally s			
Type of Coverage: ☐ Term ☐ UL ☐ S Coverage Amount:		age: □ Ierm □ UL □ Surv remium:	
Has proposed insured had a parent, br If yes, use separa	other or sister who had canc	Y HISTORY er, diabetes, stroke, heart or kidr rmation, including age of onset	
	PROPOSED INSURED'S	EXISTING INSURANCE	
Full Name of Company	Face Amount	Year Issued	Is Policy to be Replaced?
. Date first diagnosed:			
. How often does your client visit his/her ph	ysician?:		
When was the last visit?			
. The client's diabetes is controlled by: Diet alone Oral medication (medication and doses) _ Insulin (amount and units/day)			
. Please give the most recent blood sugar re	eading:	_	
. Does client monitor his/her own blood sug	ar?		
. If available, please give the most recent gly	ycohemoglobin (BhA1C) or fi	ructosamine level:	
. Please check if your client has (had) any o Chest pain or coronary artery disease Overweight	□ Protein in the urine□ Neuropathy	☐ Elevated lipids ☐ Kidney disease	
Retinopathy	☐ Abnormal ECG	☐ Hypertension	
. Is client on any medications now? (accura	te name, dosage, and reason)	
(Accurate) Name of Medication	Dosage	Reason	
. Does client have any other health issues?	(additional questionnaires m	av he required) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	nlassa niva datsils
. Does chefit have any other health issues?	(auditional questionnalies inc	ay be required; \square NO \square 165,	picase give uctails