

**Diabetes Questionnaire**

**SECTION I: AGENT INFORMATION**

Full Name of Agent:

Agent's Phone Number

Agent's Fax Number

Agent's E-mail

**SECTION II: CLIENT BACKGROUND INFORMATION**

Client's Name

Date Of Birth:

Sex: Male Female

Smoker: Smoker Non-smoker

If history of smoking, date stopped?:

Occupation? (if not currently employed explain - ie: disabled, Social Security Disability Workman's Comp., etc.)

Type of product:

Face amount requested?

Premium Range Desired? (If replacement, list current premium and face amount)

Prior company action? (Name of company, rating, premium)

Type of medical impairment or other underwriting problem?

Date condition was first diagnosed?

Current height and weight? (If weight has changed in the last 12 months, please indicate)

Current blood pressure readings?

Name all medications currently being taken. Include dosage and frequency. (ie: 25mg. 2X per day)

Is client currently seeing a doctor for listed condition? Date of last visit?

Types and dates of surgery or hospital treatment?

Has any immediate relative (father, mother, sister, brother) died prior to age 60 of heart disease, diabetes complications, or cancer?

Any other medical history?

## SECTION IV: DIABETES QUESTIONS

**Definition: A metabolic disease where carbohydrate utilization is reduced and lipid and protein enhanced; it is caused by either a deficiency of insulin normally secreted by the pancreas or by resistance to the body's insulin. Onset under age 20 is considered "juvenile onset".**

Date and age of onset?

Type(s) of treatment? Diet, oral medication, or insulin?

If insulin dependent, give the number of units taken, the types taken (ie: Regular, Lente, NPH, Humalog) and times of day taken? If oral medication(s) give dosage and type(s).

Has client ever had problems with eyes (Retinopathy), circulation, numbness or tingling in the hands and feet (Neuropathy), infections or kidney problems? If "Yes," give Date(s)?

Does proposed insured test his blood on a regular basis? If "Yes," how often and what are the usual results?

Is client under good control? Has client ever been in a diabetic coma? If "Yes," Date(s)?

How often does client visit doctor? Date of last visit?

Date and result of last fasting blood glucose and/or glycohemoglobin A1C reading?