

Diabetes Questionnaire



Submit This Form with your application for better informed underwriting

Client Information

| | | | | |
|---|-------------------------------------|--|-----------------------------------|---------------------------------------|
| Client Name: | | | | |
| DOB: | Gender | Height | Weight | Marital Status |
| Occupation & Length of Employment: | | | | |
| Tobacco Use | <input type="checkbox"/> Never Used | <input type="checkbox"/> Totally Stopped | | <input type="checkbox"/> Current User |
| | Date Stopped | | | Type Used |
| Type of Coverage | <input type="checkbox"/> Term | <input type="checkbox"/> UL | <input type="checkbox"/> Survivor | Amount \$ |

| Essential Information | | | | |
|-----------------------|---|--|--|---------------------------------------|
| 1 | Date first Diagnosed | How often does the client visit his/her physician? | | |
| | | When was the last visit? | | |
| 2 | The clients diabetes is controlled by: | <input type="checkbox"/> Diet Alone | <input type="checkbox"/> Insulin | |
| | | <input type="checkbox"/> Oral Medication | | |
| 3 | List current medications (accurate name, dosage and reason) including insulin and oral med. | | | |
| 4 | Does the client monitor his/her own blood sugar? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5 | Please give the most recent blood sugar reading? | | | |
| 6 | What is your current A1C reading? | | | |
| 7 | If available please provide most recent fructosamine level: | | | |
| 8 | Please check if client has had any of the following | <input type="checkbox"/> Chest pain or coronary artery disease | <input type="checkbox"/> Abnormal ECG | <input type="checkbox"/> Hypertension |
| | | <input type="checkbox"/> Protein in the urine | <input type="checkbox"/> Elevated Lipids | <input type="checkbox"/> Overweight |
| | | <input type="checkbox"/> Neuropathy | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Retinopathy |
| 9 | Does the client have any other health issues | <input type="checkbox"/> Yes <input type="checkbox"/> No | <i>If yes provide details:</i> | |