

DIABETES QUESTIONNAIRE

1. When was the prospect diagnosed? ____/____/____. Age? ____
 2. Specific type? (Check type that applies) .
 Diabetes Insipidus
 Diabetes Mellitus; (Type I - insulin dependent)
 (Type II - non-insulin dependent)
 Borderline or Chemical Diabetes, Hyperglycemia or Impaired Glucose Tolerance
 Gestational Diabetes
 Secondary Diabetes
 3. Height ____'____" Weight ____lbs. (Weight maintained how long?)_____
 4. Is the prospect under medical supervision? ____Yes____No.
If yes, how often seen by physician? _____.
 5. Does the prospect smoke &/or consume alcohol? ____Yes____No.
If yes, provide details _____
 6. List medication(s) prescribed to treat the person(s) to be insured.

Name of medication(s)	Dosage	Frequency	Complications
_____	_____	_____	____Y____N
_____	_____	_____	____Y____N
_____	_____	_____	____Y____N
 7. Most recent fasting blood sugar reading? _____ Date taken? ____/____/____.
 8. Most recent random blood sugar reading? _____ Date taken? ____/____/____.
 9. Most recent HA1C? _____ Date taken? ____/____/____.
 10. Has the prospect ever been hospitalized? ____Yes____No.
If yes, provide details _____
 11. Has the prospect ever had or been treated for: (Check all that apply)
 Acidosis Diabetic Coma Circulatory trouble
(extremities)
 Heart Trouble High Blood Pressure High Cholesterol
 Eye Problems Insulin Shock Kidney Problems
 Neurological Problems Prolonged Illness
For condition(s) checked above, provide details _____
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