**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_



Diabetes Questionnaire

Circle answer and provide details for any positive responses

1. When was diabetes diagnosed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What type of diabetes do you have? **Type I Type II Gestational**
3. Please list the physician that is currently treating your diabetes: (Provide name and address)

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1. Date you last consulted above physician? \_\_\_\_\_\_\_\_\_\_\_ How often do you see? \_\_\_\_\_\_\_\_\_\_\_\_\_
2. How is your diabetes controlled? **Diet Oral Medications Insulin**
3. List all medications currently taken including diabetes medications: (provide dosage and frequency)

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1. How often do you test your blood sugar? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the date and result of your last blood sugar reading? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the date and result of your last HglA1c (glycohemoglobin) reading? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you ever had: (If yes, provide details regarding diagnosis, dates, physicians and treatments)
2. Diabetic Coma or Insulin Shock? **Yes No**
3. Heart Trouble, TIA or Stroke? **Yes No**
4. High Blood Pressure? **Yes No**
5. Kidney Trouble or protein in urine? **Yes No**
6. Neuropathy or numbness/tingling? **Yes No**
7. Retinopathy or eye problems? **Yes No**

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1. Have you ever been hospitalized due to your diabetes? Yes No (If yes, provide dates, names and addresses for all treatment locations)

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1. What is your current height & weight? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Please provide any additional information you feel is important concerning your diabetes:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I understand that this declaration will be relied upon by the Company in determining my insurability. I understand that any material misstatement in this declaration, or elsewhere could render the policy, if issued, voidable. I declare that the above answers are true and complete to the best of my knowledge.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Proposed Insured or Guardian Date