DIABETES QUESTIONNAIRE

DATE:__________________________ ADVISOR NAME: ____

PHONE:__________________________ FAX:____________________________ EMAIL:______________________________

CLIENT INFORMATION:

PROPOSED INSURED:____ DATE OF BIRTH:____/____/____

☐ MALE ☐ FEMALE STATE OF SALE:________________________

TOBACCO USE: ☐ YES ☐ NO ☐ QUIT WHEN____

OTHER COMPANY ACTIONS: ☐ RATED TABLE____ ☐ POSTPONED ☐ DECLINED

OTHER COMPANY DETAILS:____

AGE AT ONSET OF DIABETES:______

☐ TYPE I ☐ TYPE II

WHAT IS THE METHOD OF CONTROL?

☐ DIET ONLY
☐ DIET AND INSULIN INJECTIONS
☐ DIET AND ORAL MEDICATION

PLEASE LIST MEDICATIONS:_________________________

____

HOW MANY TIMES PER DAY IS INSULIN ADMINISTERED?

☐ I AM ON AN INSULIN PUMP
☐ ONE OR TWO TIMES PER DAY
☐ THREE OR MORE TIMES PER DAY

UNITS OF INSULIN PER DAY____________________

HOW OFTEN DO YOU MONITOR SUGAR LEVELS?

☐ ONE OR TWO TIMES PER DAY
☐ THREE OR MORE TIMES PER DAY

IN THE LAST 6 MONTHS HAVE YOU HAD A GLYCOHEMOGLOBIN (A1C) TEST?

☐ YES ☐ NO

IF YES, WHAT WAS THE LEVEL?

☐ BELOW 7.5 ☐ 10.1 TO 13
☐ 7.6 TO 10 ☐ ABOVE 13

IF KNOWN, PLEASE SPECIFY___________

HOW LONG HAS THE GLYCOHEMOGLOBIN LEVEL REMAINED CONSTANT?

☐ 0 TO 6 MONTHS ☐ 6 TO 12 MONTHS
☐ 13 MONTHS OR MORE

PLEASE INDICATE BELOW IF YOU HAVE ANY OF THE FOLLOWING. CHECK ALL THAT APPLY.

☐ EKG ABNORMALITIES ☐ INSULIN REACTIONS
☐ DIABETIC COMA ☐ ANY EYE TROUBLE
☐ HEART TROUBLE ☐ PROTEIN IN URINE
☐ SKIN ULCERATIONS ☐ AMPUTATIONS
☐ NEUROPATHY OR LOSS OF FEELING
☐ OTHER:____

ARE YOU RECEIVING TREATMENT OR ARE YOU UNDER SUPERVISION? ☐ YES ☐ NO

INDICATE MOST RECENT BLOOD PRESSURE READING WITH OR WITHOUT MEDICATION (TO THE BEST OF YOUR KNOWLEDGE): B.P. _____________/_____________

B.P. MEDICATIONS:__________________________________

____

WHEN WAS THE LAST TIME YOU VISITED A PHYSICIAN?

☐ 0 TO 6 MONTHS ☐ 6 TO 12 MONTHS
☐ 12 TO 24 MONTHS ☐ MORE THAN 24 MONTHS

DO YOU EXERCISE 3 OR MORE TIMES PER WEEK ON A REGULAR BASIS? ☐ YES ☐ NO

IF YES, WHAT TYPE OF EXERCISE?_____________________

HAS EITHER PARENT OR ANY SIBLING DIED BEFORE AGE 65, OTHER THAN BY ACCIDENT?

☐ YES - CAUSE:____________________________ ☐ NO

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