APPLICANT'S DIABETIC QUESTIONNAIRE

Supplement to application of _____ Date of Birth _____

1. Height _____ ft. _____ ins. Weight _____ lbs. Weight two years ago _____ lbs.
2. **When was the diabetes first diagnosed?** Date _____ or your age at time of diagnosis _____
   Name and address of physician _____
3. Are you receiving treatment or are you under supervision now? _____ Date of last visit _____
   Give name and address of physician _____
4. What is the therapy at present?
   A. Diet only _____ B. Insulin _____ C. Oral Medication _____
   Units _____ (per day) Name _____
5. When was your last blood sugar test taken? _____ Result? _____
   Who performed the test? (Full name and address)
6. Do you regularly test your urine or blood for sugar? _____ Usual results? _____
   Date of last test _____ Result of last test _____
7. When was your last glycohemoglobin test? _____ Result? _____
   Who performed the test? (Full name and address) _____
8. a. Have you ever been in diabetic coma? ☐ No ☐ Yes – Number of times? _____ Dates _____
   b. Have you ever had insulin shock? ☐ No ☐ Yes – Number of times? _____ Dates _____
   c. If 8.a. and/or 8.b. is answered "Yes" please advise the names of the physicians seen and the hospitals used for the most recent episodes of each: _____
9. Have you ever had or been told you had any of the following? (Please indicate "Yes" or "No")

	Yes	No		Yes	No		Yes	No
Changes in vision or Retinopathy	☐	☐	Kidney Disease	☐	☐	Hypertension	☐	☐
Laser Therapy	☐	☐	Albumin or Protein in urine	☐	☐	High Cholesterol	☐	☐
Heart Disease*	☐	☐	Numbness or Neuropathy	☐	☐	Skin Ulcers	☐	☐

   * (If answered "YES," complete Coronary Artery Disease Questionnaire #FCCADQ 4/93)

   Details of any "YES" answers, including names of physicians and dates: _____
10. Has an electrocardiogram been taken? ☐ Yes ☐ No (If "Yes," give date and by whom). _____

I represent that all statements and answers to the questions above are complete and true to the best of my knowledge and belief.

Dated at _____ the _____ day of _____ , 19____

Witness

Signature of Proposed Insured

CPS

NAILBA
NATIONAL ASSOCIATION OF INDEPENDENT LIFE BROKERAGE AGENCIES