

Diabetic Questionnaire - Tentative offers obtained are not binding and could be subject to change – Final offers are subject to formal application and review of all required age/face requirements, paramedical requirements and review of complete medical records.

Agent/Advisor Name: _____
Proposed Insured: _____ Date Of Birth: _____ Gender: Male or Female
Build: Height _____ Weight _____ Any Weight Loss In Last Year? If so how much _____
Product Desired: Term Guarantee UL Index UL Whole Life Survivorship Life
Face Amount Desired: Option 1 \$ _____ Option 2 \$ _____ Option 3 \$ _____
Maximum Premium Tolerance Per Year: _____
Has Client Ever Used Any Form Of Nicotine? No Yes
Type: Cigarettes Cigars Pipe Chew Patch Nicorette Gum E-Cigarette Vape
Frequency: _____ Date Last Used _____
Current Alcohol Use: Type _____ Number of Drinks: _____ Per _____ Day _____ Week Date Last Used: _____

- 1) What was your date of diagnosis? _____ What was your age at onset? _____
- 2) What type of diabetes do you have? Type 1 Diabetes Type 2 Diabetes Gestational Diabetes (pregnancy)
- 3) Provide your two most recent HbA1c readings and dates of those results: _____
- 4) Provide your most recent blood glucose and urine glucose tests results and date of those results:

- 5) What is your average fasting blood sugar? _____
- 6) How often to you visit your physician for a diabetic checkup? Monthly Every 3 months Every 6 months
 Once per year Less than yearly
- 7) How do you control your blood sugar? Diet/exercise Insulin Oral medication Insulin pump
Please provide medication name(s), dosage(s), insulin list units and frequency

- 8) Has your treatment varied in the last 12 months? Yes No If yes; provide details

- 9) Do you currently have or have had in past any of the following? Coronary artery disease Stroke
 Amputation Black out spells Neuropathy Retinopathy Kidney Disease Elevated lipids Protein in
your urine Diabetic Coma High or Low blood sugar levels requiring emergency treatment Circulation Problems
If yes; to any of the above please provide details

- 10) Have you ever been admitted to the hospital to control your diabetes? Yes No If yes; provide complete
details

- 11) Is there family history of heart disease or cancer? Yes No If yes; provide details including relationship to
yourself, age of onset, type and current age or date of death

- 12) Do you exercise three or more times per week on a regular basis? Yes No If yes; provide details

- 13) Have you made any lifestyle changes to improve your overall health? Yes No If yes; provide details

- 14) Are you being treated for any other medical conditions? Yes No If yes; provide details

- 15) Please list all other current medications, dosages and what condition the medication is treating

Please use additional pages if needed



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