

Application #

Agent #



DIABETIC QUESTIONNAIRE (To be answered by the Proposed Life Insured)

Proposed Life Insured (Last name, First name, Middle name)

Date of Birth (mm/dd/yy)

Height
ft. In.

cm.

Weight
 kg.
 lb.

Weight Last Year
 kg.
 lb.

Date Diabetes was Diagnosed (mm/dd/yy)

Name/s and address/es of Doctor/s currently Treating you

Frequency of Consultation

Date of First Consultation

Date of Last Consultation

Name and Address of other Doctors Consulted in the past (3) years

Type of Illness	YES	NO	Details to "YES" Answer
1. Do you follow a strict diet and measure your food portions from a food exchange list? (Please specify other diet rules you follow and daily prescription of Carbohydrates, Protein, and Fats in grams).			
2. Do you use Insulin and tablets? (If so, please specify type, daily dose and frequency).			
3. Have you ever had Insulin shock or frequent insulin reactions? (If so, please give details).			
4. Have you ever been in a diabetic coma or had acidosis severe enough to require hospitalization? (If so, please details including dates).			
5. Do you check your urine for sugar content? (If so, please specify frequency of test, frequency of positive test results, percentage of positive test and dates).			
6. Have you ever had any illness or disease of the heart, eyes, circulatory or nervous system? (If so, give details as to names and address/es of Attending Physician and diagnosis).			
7. Have you had an electrocardiogram made lately? (If so, please give name and address of physician who made test and date of last test).			

I hereby represent that all the above statements and answers to all the above questions are complete and true, and I agree they shall form a part of my application and become part of any contract of insurance issued in consequence of such application.

Dated at _____ this _____ day of _____, 20 _____.

Signature over Printed Name of **WITNESS**

Signature over Printed Name of **PROPOSED LIFE INSURED**