Diabetes Mellitus

Please answer all questions applicable to the client's medical history.

Producer Name_____ Phone _____ Date_____

Client Name_____ Date of Birth_____ ☐ Male ☐ Female

Face Amount _____ Max Premium $_____ /yr. ☐ Term ☐ Permanent

Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)? ☐ Yes ☐ No

Frequency_____ Date of last use _____ Type _____

Type of Diabetes ☐ Type I ☐ Type II Date of diagnosis_____ Age at onset _____

Most current Glycohemoglobin (HbA1C) test reading_____ Date_____ Recent range_____

How often does the proposed insured visit their physician for a diabetic checkup?_____
Date of most recent physician visit _____
The client controls his/her diabetes by

☐ Diet Only ☐ Weight loss/control ☐ Regular exercise (indicate type and frequency)

☐ Oral Medication (medication, dosage, frequency)_____ ☐ Insulin _____(units per day)

List any medications the client is taking

Name of Medication (prescription or otherwise)	Dates Used	Quantity Taken	Frequency Taken

Current Height_____ Weight _____ Weight 1 year ago _____ Reason for change_____

Blood sugar reading_____ A1C level_____ Microalbumin Level_____

Triglycerides_____ Bad cholesterol (LDL) _____ Good cholesterol (HDL)_____ Cholesterol_____

Blood Pressure_____

Has the proposed insured experienced any of the following - if yes, provide details below

☐ Weight problems	☐ High blood pressure	☐ Chest pain	☐ Insulin shock
☐ Coronary Artery Disease	☐ Abnormal ECG	☐ Elevated lipids	☐ Diabetic coma
☐ Neuropathy	☐ Retinopathy	☐ Kidney disease	☐ Alcohol/drug abuse
☐ Protein in the Urine	☐ Albuminuria	☐ Glycosuria	☐ Other

Details

List any other major health problems the client has: