Underwriting Questionnaire **Diabetes Mellitus**

Producer Name	Pho	one	Date	_
Client Name	Dat	te of Birth		
Male Female	ace Amount	Max Premiu	ım \$ /yr.	
□ Term □ Permanent Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)? □ Yes □ No				
Frequency	Date of	last use	Туре	
Type of Diabetes	vpe I Type II	Date of diagnosis		Age at onset
Most current Glycohemoglobi	n (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 Diet Only Weight loss/control Regular exercise (indicate type and frequency) Doral Medication (medication, dosage, frequency) Insulin (units per day) List any medications the client is taking				
Name of Medication (pr		Dates Used	Quantity Taken	Frequency Taken
Current HeightW	/eightWeight 1 yea	ar 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 exp Weight problems Coronary Artery Dise Neuropathy Protein in the Urine	High blood p	Dressure Cr CG Ele Kin	nest pain II evated lipids II dney disease I	Insulin shock Diabetic coma Alcohol/drug abuse Other
Details				

List any other major health problems the client has:

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