Underwriting Questionnaire
Diabetes Mellitus

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:

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