FIRST AMERICAN
Insurance Underwriters
Taking you there

460 Hillside Avenue
Needham, MA 02494

DIABETES QUESTIONNAIRE

All questions contained in this questionnaire are strictly confidential
and will become part of your medical record.

Name (Last, First, M.I.): ☐ M ☐ F DOB:

Height __________ Weight__________

HEALTH HISTORY

1. Please list date when first diagnosed: ____

2. How often does your client visit their physician for monitoring?__________________

2a. When was the last consultation? ____________________________

3. The client's diabetes is controlled by:

☐ diet and exercice alone

☐ oral medication _______________________________________ (medication & doses)

☐ insulin ____________________________________ (amount of units/day)

4. Is your client on any other medications?

☐ yes, please give details____

☐ no

5. Please give the most recent blood sugar reading: __________________________________

6. Does your client monitor their own blood sugar? ☐ YES ☐ NO

7. If available, please give the most recent glycohemoglobin (HbA1c) or fructosamine level?

____

7a. If available , please give Kidney Function Tests (Bun+Serum Creatine)?__________________________

7b. When was last urinalysis? _____________________________________

Were there any abnormalities (i.e. Glucose/Protein)? _____________________________________

8. Please check if your client has had any of the following:

☐ chest pain or coronary artery disease
☐ elevated lipids / triglycerides
☐ kidney disease/ nephropathy
☐ black out spells
☐ hypertension
☐ overweight
☐ protein in the urine / microalbumin
☐ neuropathy
☐ retinopathy
☐ abnormal ECG

9. Has your client smoked cigarettes in the last 12 months? ☐ YES ☐ NO

10. Does your client have any other major health problems (ex: cancer, etc.)?

☐ yes, please give details ____

☐ no

Signature

I represent that these statements are true and complete.

Proposed Insured ______________________________ Date ______________________

Agent's Name ______________________________ Brokerage Manager's Name ______________________________