Diabetes Mellitus Questionnaire

Advanced Insurance Marketing Group • Pre-Underwriting Health Detail

INSURED & POLICY BASICS

Please complete every question as accurately as possible. Precise lab values and dates allow us to return a fast, accurate pre-underwriting premium estimate.

AGENT INFORMATION

AGENT NAME

PHONE

PROPOSED INSURED

FULL NAME

SEX

☐ Male ☐ Female

DATE OF BIRTH

REQUESTED COVERAGE

FACE AMOUNT REQUESTED ($)

MAXIMUM ANNUAL PREMIUM ($)

PLAN TYPE — SELECT ONE

☐ UL ☐ WL ☐ Term ☐ Survivorship

TOBACCO USE

Do you currently smoke cigarettes? ☐ **Yes** ☐ **No**

IF NO — DID YOU EVER SMOKE?

☐ Never ☐ Quit Date:

Do you currently use any other tobacco or nicotine products? (e.g., nicotine patch, cigars, pipe, snuff, gum) ☐ **Yes** ☐ **No**

If yes — provide details:

MOST RECENT USE

LAST USED (MM/YY)

TYPE USED LAST

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DIABETES HISTORY

DIAGNOSIS

DATE OF DIAGNOSIS

AGE AT ONSET

MOST CURRENT HBA1C

RECENT RANGE

DATE

These numbers are necessary to provide an accurate pre-underwriting premium estimate. If the proposed insured does not know their most recent results, please ask them to obtain the values from their healthcare provider. Typical readings range from 6 to 12 and are often expressed with a decimal (e.g., 7.3), though slight variations above or below this range are common.

PHYSICIAN CHECKUPS

HOW OFTEN DOES THE PROPOSED INSURED VISIT THEIR PHYSICIAN FOR A DIABETIC CHECKUP?

☐ Monthly ☐ Quarterly ☐ Every 6 Months ☐ Annually ☐ Less than Annually

DATE OF MOST RECENT VISIT

DATE OF NEXT VISIT

VITALS & LAB VALUES

VITALS

BLOOD PRESSURE /

HEIGHT

CURRENT WEIGHT

WEIGHT 1 YR AGO

REASON FOR WEIGHT CHANGE

LAB VALUES

BLOOD SUGAR READING

FRUCTOSAMINE LEVEL

MICROALBUMIN LEVEL

TRIGLYCERIDES

BAD LDL

GOOD LDL

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RELATED HEALTH CONDITIONS

Has the proposed insured experienced any of the following? Select all that apply.

- ☐ High Blood Pressure
- ☐ Weight Issues
- ☐ Chest Pain
- ☐ Insulin Shock
- ☐ Coronary Artery Disease
- ☐ Abnormal EKG
- ☐ Elevated Lipids
- ☐ Diabetic Coma
- ☐ Alcohol/Drug Abuse
- ☐ Retinopathy
- ☐ Kidney Disease
- ☐ Neuropathy
- ☐ Protein in Urine
- ☐ Albuminuria
- ☐ Glycosuria
- ☐ Other

If yes — provide details:

MANAGEMENT & MEDICATIONS

The proposed insured controls their diabetes by:

☐ Diet Only ☐ Weight Loss/Control ☐ Oral Medication (see chart below)

☐ Insulin Units/day: ☐ Regular Exercise Type & frequency:

MEDICATION LIST (PRESCRIPTION AND OVER-THE-COUNTER)

MEDICATION NAME	DATES USED	QUANTITY TAKEN	FREQUENCY