PINNEY
INSURANCE CENTER, INC.

A LifeMark Partner

Providing all the tools for your success

DIABETES MELLITUS QUESTIONNAIRE

Agent: Phone: Fax:

Proposed Insured Name: _____ ❒ M ❒ F Date of Birth: _____
Face Amount: _____ Max. Premium: $_____/year ❒ UL ❒ WL ❒ Term ❒ Survivorship
Do you currently smoke cigarettes? ❒ Y ❒ N If no, did you ever smoke: ❒ Never ❒ Quit (Date): _____
Do you currently use any other tobacco products (e.g. cigars, pipe, snuff, nicotine patch, Nicorette gum...): ❒ Y ❒ N
If Yes, please provide details: _____
When did you last use any form of tobacco: _____ (Month) _____ (Year) Type used last: _____

(1) Date of diagnosis: _____ ***Age at Onset:*** _____ ***Diagnosed as:*** Type 1 ❒ Type 2 ❒

(2) Most current Glycohemoglobin (HbA1C) test reading: _____ **Date:** _____ **Avg A1C:** _____

! It is very important to have these numbers for any useful preunderwriting premium estimate. If the proposed insured is unaware of recent values for this test, please have her/him obtain these values from their health care provider. A typical value lies between 5 and 9, often expressed with a decimal, such as 7.3. Slightly higher or lower values are possible.

(3) How often does the proposed insured visit their physician for a diabetic checkup?

❒ Monthly ❒ Every 3 Months ❒ Every 6 Months ❒ Once a Year ❒ Less than Yearly

(4) The proposed insured controls his/her diabetes by:

❒ Diet/Exercise ❒ Oral Medication: _____ ❒ Insulin: _____ (units per day)

(5) Recent readings:

Current Height: _____ Weight: _____ Weight one year ago: _____ Reason for change: _____

Avg Fasting Blood sugar reading: _____ Blood Pressure: _____

(6) Does the proposed insured take any other medication(s)? If yes, please list:

Name of Medication (Prescription or Otherwise)	Dates used	Reason for Rx	Diagnosis Date

(7) Has the proposed insured experienced any of the following? If yes, provide details below under question (8):

❒ 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

(8) Please provide any additional details regarding the proposed insured's medical condition:

_____

_____

_____

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