

# Diabetes questionnaire - Applicant

Full name:

Application number:

1. When was your diabetes first diagnosed?

2. Regarding your treatment:

a) Do you take oral medication?

Yes  No

If YES, please provide name of tablets.

b) Do you take insulin?

Yes  No

If YES, please state type of insulin and dosage (including number of times daily).

c) Has your treatment been changed in the last 2 years?

Yes  No

If YES, please provide full details.

3. Do you follow a strict diet?

Yes  No

4. Regarding the monitoring of your condition:

a) Please provide the name and address of the doctor or clinic supervising your treatment.

b) How often do you attend for monitoring?

c) When was your last consultation?

d) How often do you test your own blood or urine for glucose?

e) Please indicate your last three blood glucose readings:

Blood glucose reading	Date

f) If you test your urine for glucose, please give last three results in form of negative, +, ++, or +++ or more.

Urine glucose result	Date

g) Please provide the dates and results of your last two HbA1c (glycosylated haemoglobin) tests, if known.

5. Since your treatment began, have you ever had a diabetic (hyperglycaemic), insulin (hypoglycaemic) coma or been admitted to hospital due to any other diabetes related condition? Yes  No

If YES, please provide full details.

6. Have you ever had any of the following?

a) Problems with your eyes

Yes  No

b) High blood pressure

Yes  No

c) Heart or circulatory trouble

Yes  No

d) Albumin or protein in your urine

Yes  No

e) Numbness or tingling in your feet or legs

Yes  No

If YES, to any of the above, please provide full details.

7. Have you been off work with your diabetes or any associated conditions?

Yes  No

If YES, please provide details including dates and duration of time off work.

8. Please provide any additional information on your condition which you feel will be helpful in processing your application.

I declare that the answers I have given are, to the best of my knowledge, true and that I have not withheld any material information that may influence the assessment or acceptance of this application.

I agree that this form will constitute part of my application for insurance and that failure to disclose any material fact known to me may invalidate the contract.

Signature

Date