EMG
Insurance Brokerage
An Insurance Designers member since 1987

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. nicotine patch, cigars, pipe, snuff, Nicorette gum...): ☐ Y ☐ N

If Yes, please provide details: _____

When did you last use any form of tobacco: ____ (Month) _____ (Year) Type used last: _____

Height: _____ ft. _____ in. Weight: _____ lbs.

(1) Date of diagnosis: _____ ***or Age at Onset:*** _____

(2) Most current Glycohemoglobin (HbA1C) test reading: _____ ***Date:*** _____ ***Recent range:*** _____
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 6 and 12, 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 ☐ Months ☐ Every 6 Months ☐ Once a Year ☐ Less than Yearly
Date of most recent physician visit: _____ Date of next physician visit: _____

(4) The proposed insured 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)

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

Name of medication (prescription or otherwise)	Dates used	Quantity taken	Frequency taken

(6) Recent readings:
Current Height: _____ Weight: _____ Weight one year ago: _____ Reason for change: _____
Blood sugar reading: _____ Fructosamine level: _____ Microalbumin Level: _____
Triglycerides: _____ Bad cholesterol (LDL): ___ Good cholesterol (HDL): _____ Blood Pressure: _____

(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) Does the proposed insured have any other medical conditions? If yes, please describe:

_____

_____

_____