



Diabetes Questionnaire – Applicant

Full name: _____

Application number: _____

1. When your diabetes was first diagnosed? _____

2. Regarding your treatment: YES / NO

a.) Do you take oral medication?

If, YES, please provide name of tablets. _____

b.) Do you take insulin? YES / NO

If, YES, please state type of insulin & 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 & 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 reading:

Blood Glucose reading	Date

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

Urine Glucose result	Date

g.) Please provide the dates & results of your last two Hba1c (Glycosylated hemoglobin) test, if know.

5. Since your treatment began, have you ever had a diabetic (hyperglycaemic), Insulin (hypoglycemic) 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 & 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 & that I have not withheld any material information that may influence the assessment or acceptance of the application.

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

(Signature)

DATE: