LARRY GORDON AGENCY, INC.
www.lganet.com
Chicago - Milwaukee - Rockford

Diabetic Questionnaire

Broker Name: _____

1. Name of Proposed Insured: _____ Date of Birth: _____

2. Height: _____ ft. _____ in. Weight: _____ lbs. Weight two years ago: _____ lbs.

3. Have you ever used tobacco? ☐Yes ☐No Date Last Used: _____ Type: _____

4. When were you first diagnosed with diabetes? Date: _____

5. Name and address of physician: _____
_____

6. Are you receiving treatment or are you under supervision now? ☐Yes ☐No
If "Yes", date of last visit: _____ Name and address of physician (if different from above): _____
_____

7. How are you treating your diabetes?
   - ☐ Diet only
   - ☐ Insulin: Units_____(per day) Insulin Pump ☐Yes ☐No
   - ☐ Oral medication: Name and dosage _____

8. Do you regularly do home glucose monitoring? ☐Yes ☐No
   Average range at home? _____

9. When was your last glycohemoglobin (Hemoglobin A1C) test? _____ Result? _____
   Who performed the test? (Full name and address, if different from above) _____
   _____

10. (a) Have you ever been in (ketoacidosis) diabetic coma? ☐Yes ☐No
    Number of times: _____ Dates: _____
    (b) Have you ever had insulin shock (hypoglycemia)? ☐Yes ☐No
    Number of times: _____ Dates: _____
    (c) If 10(a) and/or 10(b) is answered "Yes," please advise the names and the physicians seen and the hospitals used for the most recent episodes of each: _____
    _____

11. Have you ever had or been told you had any of the following? (Please indicate "Yes" or "No")

Changes in vision or retinopathy	☐Yes	☐No	Kidney Disease	☐Yes	☐No
Hypertension	☐Yes	☐No	Eye laser therapy	☐Yes	☐No
Albumin or protein in urine	☐Yes	☐No	High Cholesterol	☐Yes	☐No
Heart disease	☐Yes	☐No	Numbness or neuropathy	☐Yes	☐No
Skin Ulcers	☐Yes	☐No			

    Please provide details to any "Yes" answers, including names of physicians and dates: _____
    _____
    _____

12. Have you ever had an abnormal electrocardiogram (EKG) or stress test? ☐Yes ☐No
    If "Yes" please provide date and by whom: _____
    _____