

## DIABETIC QUESTIONNAIRE

TO BE
COMPLETED
<b>BY THE</b>
PROPOSED
INSURED

Name			Date of birth
Address			
Height	Weight		Weight 2 years ago
Date of original diagnosis			
Name and address of physician who made the diagnosis.			
Are you presently under medical supervision or receiving treatment?	[] no	gyes Please provide deta	ils.
Name and address of attending physician or clinic where treatment received.			
Have you ever ceased insulin treatment or resumed an unrestricted diet?	🛛 no	gyes Please provide deta	ils.
Results of blood sugar estimations.			
Results of blood sugar readings for the last 7 days.			
State amount and type of insulin taken daily (or state the daily dose of tablets if oral treatment employed).			
What was your last Glycosolated Haemoglobin and when?			
Have you ever had any of the follow	wing:	Please provide details.	
Diabetic coma? Eye trouble? Heart trouble? High blood pressure? Recurring or prolonged illness? Trouble with the circulation to your feet or legs?	[ no [ no [ no [ no [ no [ no	□ yes □ yes □ yes □ yes □ yes □ yes	

	Has albumin ever been found in your urine?	[] no	☐ yes Please provide details.		
	Has your creatinine ever been found elevated?	🛾 no	] yes Please provide details.		
	Has an electrocardiogram been taken?	[] no	] yes Please provide details.		
BROKER INFORMATION	Broker/Agent/Consultant				
	Contact name and telephone no.				

## DECLARATION

I agree that the above questions and answers shall form part of my proposal for insurance and I authorize SUTTON SPECIAL RISK INC. to approach the physicians named to confirm the details of my medical history.

Signature

Date