

Diabetes Questionnaire

To be completed by the applicant

Name of Life Assured:

Application no.: Dated:..... This

questionnaire will form part of the application.

If any questions below are answered "Yes", please supply full details below including dates and names of doctors and institutions where applicable.

1. Please state when diabetes was first diagnosed:
Type of diabetes?

Type 1 Type 2 Unsure

a) Are you under regular medical supervision for diabetes?

No

Yes - please state name and address of doctor

b) How often do you consult your doctor?.....

Date of last visit?

2. Treatment:

a) Are you following an appropriate diet?

No Yes – please provide details

b) Do you take regular exercise?

No Yes – how frequent?

c) Are you on tablets?

No Yes – please provide details

d) Are you on insulin?

No Yes – please provide details

3. Has your treatment changed during the last 5 years?

No

Yes – please provide supply reasons and details

4. Do you perform home blood sugar testing?

No

Yes – please state dates and results of the last three blood sugar readings

5. Have you ever had any of the following?

Diabetic coma No Yes Eye trouble No Yes

Insulin shock No Yes High blood pressure No Yes

Heart disease No Yes Pain or burning of legs and feet No Yes

Kidney disease No Yes Restricted circulation in lower limbs No Yes

Infections, e.g. boils No Yes Amputations No Yes

and abscesses No Yes Any other complications No Yes

Protein in urine No Yes

If yes, please provide dates, names and addresses of doctors consulted

6. Have you ever been hospitalised ?

No

Yes – please provide details



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7. If you have undergone any of the following- electrocardiogram, lipid profile, glycosylated haemoglobin (HbA1c), please state date and result(s):

I declare that the answers I have given are, to the best of my knowledge, true and I have not withheld any material information that may influence the assessment of acceptance of this proposal. I agree that this form will constitute part of my proposal for life assurance and that failure to disclose any material fact known to me may invalidate the contract.

Signature of Life Assured

Signed at **Date**