SIMPLICITY ILLINOIS

# MEDICAL HISTORY QUESTIONNAIRE: DIABETES

Client Name: _____ Date of Birth: _____

Gender: ☐ Male ☐ Female Height: _____ Weight: _____

Tobacco Usage:

☐ Never

☐ Former Date Stopped: _____

☐ Current Type: _____

Coverage Information:

Type: ☐ Term ☐ UL ☐ IUL ☐ WL ☐ VUL ☐ Survivorship

Face Amount: _____

Premium Tolerance: _____

| Proposed Insured's Existing Insurance | | | |
|---|---|---|---|
| Insurance Company | Face Amount | Year Issued | Replacement (Yes/No) |
| | | | |
| | | | |
| | | | |

1. Date of Diagnosis _____
2. How often does your client visit his/her physician? _____
3. Date of last visit: _____
4. The client's diabetes is controlled by:
   - ☐ Diet alone
   - ☐ Oral medication (medication and dosage): _____
   - ☐ Insulin (amount and units/day): _____
5. Please give the most recent glycohemoglobin (BhA1C): _____
6. Please check if your client has (had) any of the following:

| | | |
|---|---|---|
| ☐ Chest pain or CAD | ☐ Protein in the urine | ☐ Elevated lipids |
| ☐ Overweight | ☐ Neuropathy | ☐ Kidney disease |
| ☐ Retinopathy | ☐ Abnormal EKG | ☐ Hypertension |

7. Please list current medications

| Name of Medication | Dosage | Reason |
|---|---|---|
| | | |
| | | |
| | | |

8. Are there any other health issues? (Additional Questionnaires may be required) ☐ No ☐ Yes

If yes, please provide details: _____