



**Health Questionnaire-- Diabetes**

Employee Name: \_\_\_\_\_ Group Name: \_\_\_\_\_  
Proposed Insured: \_\_\_\_\_ D.O.B. \_\_\_\_\_

1. Height\_\_\_\_ Weight\_\_\_\_ Age\_\_\_\_
2. How long has your current weight been maintained?
3. Give the date of your diabetes diagnosis.
4. Give your Fasting Blood Sugar at time of diagnosis.
5. How was your diabetes discovered?
6. How often is your physician consulted for examination or advice?
7. List the date and results of your last doctor's visit.
8. Hospitalized? Yes\_\_\_\_ No\_\_\_\_ *If yes, give dates and length of stay.*
9. Do you use insulin? Yes\_\_\_\_ No\_\_\_\_ *If yes, give daily dosage*
10. Please give the dates and results of the last 3 Blood Sugar readings  
(1 within last month, 2 within last year):  
Date\_\_\_\_\_ Result\_\_\_\_\_
- Date\_\_\_\_\_ Result\_\_\_\_\_
- Date\_\_\_\_\_ Result\_\_\_\_\_
11. Please check all that apply, have you ever had?  
Elevated Blood Pressure\_\_\_\_ Heart trouble\_\_\_\_ Eye trouble\_\_\_\_  
Recurrent infections\_\_\_\_ Kidney trouble\_\_\_\_  
*If yes, please give details.*
12. Do you monitor your blood glucose at home? How often?
13. Have you ever been in a diabetic coma or had acidosis severe enough to require hospitalization?
14. Have you ever had insulin shock? *If yes, how often do you have insulin reactions?*
15. Do you smoke? If yes, how many cigarettes per day?

**I represent to the best of my knowledge and belief that each of the above statements and answers are complete and true. I understand that the answers to the above questions will be the basis of any coverage issued and that any incorrect answers may operate to void this insurance.**

**Date:** \_\_\_\_\_ **Signature of proposed insured:** \_\_\_\_\_  
Use reverse side for additional comments or if further space is needed