

Diabetes mellitus questionnaire – Applicant

Full name:

1. Which type and when was diabetes mellitus first diagnosed?

2. Regarding your treatment:

a. Do you take oral medication? Yes ☐ No ☐
If Yes, please state the type of medication(s) and dosage(s), including number of times used daily.

b. Do you use insulin? Yes ☐ No ☐
If Yes, please state the type of insulin and dosage, including number of times used daily.

3. Regarding the monitoring of your condition:

a. How often do you test your own blood or urine for glucose?

b. Please indicate the last 3 results from the blood glucose test:

Result	Date

c. Please indicate the last 3 results from the urine glucose test:

Result	Date

d. Please indicate the last 2 HbA1c results, if known.

Result	Date

e. How often do you attend a clinic or doctor for monitoring?

f. When was your last consultation?

g. Please provide the name and address of the clinic or doctor supervising your treatment.

4. Since your treatment began, have you ever been hospitalized for a diabetic (hypoglycaemic/hyperglycaemic) coma or any condition related to diabetes mellitus? If Yes, please provide dates. Yes ☐ No ☐

5. Have you ever had any of the following?

a. Protein or albumin in the urine Yes ☐ No ☐
b. Problems with your eyes Yes ☐ No ☐
c. Numbness or tingling in your arms, hands, feet or legs Yes ☐ No ☐

- d. High blood pressure
 - e. Heart or circulatory problems
 - f. Problems with your kidneys
- If Yes to any, please provide full details.

Yes	☐	No	☐
Yes	☐	No	☐
Yes	☐	No	☐

6. Have you been off work for 15 or more days due to any illness in the past year? If Yes, please provide full details.

Yes	☐	No	☐
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7. Please provide any additional information on your condition, which you think may be helpful in processing your application.

I declare that the answers I have given are, to the best of my knowledge, true and that I have not withheld any material information that may influence the assessment or acceptance of this application.

I agree that this form will constitute part of my application for insurance and that failure to disclose any material fact known to me may invalidate the contract.

Signature

Date