



Diabetic Questionnaire

Name _____ Sex M F Date of Birth _____

Height _____ Weight _____ Smoker? Y N State _____

Coverage Desired: Amount _____ Plan Desired? _____

Have you ever been Rated or Declined for insurance? If YES Complete details please

When was your Diabetes first diagnosed? _____

What Diabetic symptoms did you exhibit? _____

Name and Address of present doctor?

How often do you visit your doctor? _____ Date of last visit _____

Medication required to control your Diabetes (Please indicate all that apply):

Diet only Y N Oral Medication Y N Insulin Y N Insulin and Oral Y N

Please indicate Daily Dosage _____

Do you regularly test your blood or urine for sugar? Y N How often do you test? _____

How often is urine sugar present? _____ Recent A1C _____

Please indicate if you have ever had any of the following: (Please indicate all that apply):

Diabetic Coma Y N Insulin Shock Y N Kidney Disease Y N Heart Problems? Y N Eye Problems Y N

Neuritis Y N Neuropathy Y N

What have been your recent Blood Pressure readings? _____ On Medication? Y N

What have been your recent Cholesterol readings? _____ On Medication? Y N

Do any of your parents, brothers, sisters, or children have diabetes? Y N If YES Complete details please

Do you have any Family History of Heart or Cardiovascular Disease? Y N

Please Explain _____

Please indicate if you have ever had any of the following: (Please indicate all that apply)

Electrocardiograms Y N Stress Tests Y N X-Rays Y N

Dates and Results please

What Lifestyle Changes have you made to treat your illness? _____

Please list all medications being taken:

Do you have any other major health problems? (example: cancer, etc)?

Broker Submitting Questionnaire:

Address _____

Phone: _____ FAX: _____ E-mail: _____

Please send completed form to: Victorson Associates, Inc. 321 E. Main St., Smithtown, NY 11787

You may Fax to: (631) 265-7054 or E-mail to: vainc@victorson.com