WHOLESURE™

DIABETIC QUESTIONNAIRE

Name: _____ (M or F): _____ Age: _____

Face Amount: _____ Max Premium $: _____ / year Type: (UL, WL, Term, or Survivorship) _____

Do you currently smoke cigarettes? (Y or N): _____ If no, did you ever smoke: (Y or N): _____ Quit date: _____

Do you currently use any other tobacco products (e.g. nicotine patch, cigars, pipe, snuff, Nicorette gum...):

If Yes, please provide details: _____

When did you last use any form of tobacco: (Month) _____ (Year) _____ Type used last: _____

Diagnosis Date: _____ How often do you see their doctor?: _____ Date of last appointment: _____

Current height and weight. H _____ W _____

Is your diabetes is controlled by:

Diet alone ☐ Insulin ☐ Oral medication ☐ Other ☐

Are you on any medications? Yes ☐ No ☐

Please give the most recent blood sugar and hemoglobin A1c readings:

Please check if you have experienced any of the following:

Chest pain or coronary disease ☐ Abnormal lipids ☐ Kidney disease ☐ Black out spells ☐

Hypertension ☐ Protein in urine ☐ Neuropathy ☐ Retinopathy ☐ Abnormal ECG ☐

Does you have any other major health problems (e.g., cancer, etc.)? Yes ☐ No ☐