Diabetes questionnaire - Applicant

Full name:					
Application number:					
1. When was your diabe	tes first diagnosed?				
Regarding your treatment: a) Do you take oral medication? If YES, please provide name of tablets.			Yes 🗌	No 🗌	
b) Do you take insulin? If YES, please state type of insulin and dosage (including number of times daily).			Yes 🗌	No 🗌	
c) Has your treatment been changed in the last 2 years? If YES, please provide full details.			Yes 🗌	No 🗌	
3. Do you follow a strict diet?			Yes 🗌	No 🗌	
Regarding the monitoring of your condition: a) Please provide the name and address of the doctor or clinic supervising your treatment.					
b) How often do you attend for monitoring?					
c) When was you	r last consultation?				
d) How often do y	ou test your own blood or urine fo	or glucose?			
e) Please indicate	your last three blood glucose rea	dings:			
	Blood glucose reading	Date			
f) If you test your urine for glucose, please give last three results in form of negative, +, ++, or +++ or more.					
	Urine glucose result	Date			

5. Since your treatment began, have you ever had a diabetic (hyperglycaemic), insulin (hypadmitted to hospital due to any other diabetes related condition? If YES, please provide full details.	poglycaen Yes 🗌	nic) coma or been No 🗌			
 6. Have you ever had any of the following? a) Problems with your eyes b) High blood pressure c) Heart or circulatory trouble d) Albumin or protein in your urine e) Numbness or tingling in your feet or legs If YES, to any of the above, please provide full details. 	Yes Yes Yes Yes Yes	No			
7. Have you been off work with your diabetes or any associated conditions? If YES, please provide details including dates and duration of time off work.	Yes 🗌	No 🗌			
8. Please provide any additional information on your condition which you feel will be help application.	ful in proc	essing your			
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					

g) Please provide the dates and results of your last two HbA1c (glycosylated haemoglobin) tests, if known.