CPS INSURANCE SERVICES

DIABETES QUESTIONNAIRE

Name_____ Date of birth_____

1. Height _____ft. _____ins. Weight _____lbs. Weight two years ago _____lbs.

2. When was the diabetes first diagnosed? Date _____/_____/_____ or year at the time of diagnosis_____
   Name and address of physician:
_____

3. Are you receiving treatment or are you under supervision now? ☐ Yes ☐ No Date of last visit _____/_____/_____
   Name and address of physician:
_____

4. What is the therapy at present (circle one)?
   a. Diet only b. Insulin: _____ Units (per day) c. Oral Medication: _____Name

5. When was your last blood sugar test taken? _____ Results:_____
   Who performed the test? (Full name and address)
_____

6. Do you regularly test your blood or urine for sugar? ☐ Yes ☐ No Usual results: _____

   Date of last test _____/_____/_____ Results of last test: _____

7. When was your last glycohemoglobin test? _____/_____/_____ Results: _____
   Who performed the test? (Full name and address)
_____

8 a. Have you ever been in a diabetic coma? ☐ No ☐ Yes – Number of times_____ Dates: _____

   b. Have you ever had insulin shock? ☐ No ☐ Yes – Number of times _____ Dates: _____

   c. If 8.a and/or 8.b is "Yes" please advise the names of the physicians seen and hospitals used for the most recent episodes of each.

_____

9. Have you ever had or been told you had any of the following?

Changes in vision or retinopathy	☐ Yes ☐ No	Kidney Disease	☐ Yes ☐ No	Hypertension	☐ Yes ☐ No
Laser Therapy	☐ Yes ☐ No	Albumin or Protein in urine	☐ Yes ☐ No	High Cholesterol	☐ Yes ☐ No
Heart Disease*	☐ Yes ☐ No	Numbness or Neuropathy	☐ Yes ☐ No	Skin Ulcers	☐ Yes ☐ No

* If answered yes, complete Coronary Artery Disease Questionnaire.

Details of any answered "Yes" including names of physicians and dates:

_____

_____

10. Has an electrocardiogram been taken? ☐ Yes ☐ No Give dates and by whom_____

I represent that all statements and answers to the questions are complete and true to the best on my knowledge and belief.

Signature of Proposed Insured_____ Date_____/_____/_____

Witness_____ Date_____/_____/_____

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