MEDICAL HISTORY QUESTIONNAIRE: DIABETES

Client Name: ______________________________ Date of Birth: ______________

Gender: ☐Male ☐Female Height: ______________ Weight: ______________

Tobacco Usage:

☐Never

☐Former Date Stopped: ______________

☐Current Type: ______________

Coverage Information:

Type: ☐Term ☐UL ☐IUL

☐WL ☐VUL ☐Survivorship

Face Amount: ______________

Premium Tolerance: ______________

PROPOSED INSURED'S EXISTING INSURANCE

INSURANCE COMPANY	FACE AMOUNT	YEAR ISSUED	REPLACEMENT (YES/NO)

1. Date of diagnosis: ______________

2. How often does your client visit his/her physician? ______________

2. Date of last visit: ______________

4. The client's diabetes is controlled by:

☐Diet alone

☐Oral medication (medication and dosage): ______________

☐Insulin (amount and units/day):: ______________

Innovative Underwriters is a wholly-owned subsidiary of The Guardian Life Insurance Company of America®

5. Please give the most recent glycohemoglobin (BhA1C): ______________________

6. Please check if your client has (had) any of the following:

☐ Chest pain or CAD ☐ Protein in the urine ☐ Elevated lipids

☐ Overweight ☐ Neuropathy ☐ Kidney disease

☐ Retinopathy ☐ Abnormal EKG ☐ Hypertension

7. Please list current medications:

NAME OF MEDICATION	DOSAGE	REASON

8. Are there any other health issues? (Additional Questionnaires may be required) ☐ No ☐ Yes

If yes, please provide details: ______________________