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Garden City, NY 11530-9641

### DIABETIC QUESTIONNAIRE

(TO BE COMPLETED BY THE APPLICANT)

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ No. \_\_\_\_\_  
(MO. DAY YR.)

**Please give details to all "Yes" answers:  
Dates, Durations, Results, Doctors' Names and Addresses.**

1. Do any of your parents, brothers, sisters, or children have diabetes? .....
2. When was your diabetes first diagnosed? .....  
Doctor's name and address? .....  
What symptoms did you have? .....
3. Name and address of present doctor? .....
4. How often do you visit your doctor? .....  
Date of last visit? .....
5. What treatment do you use? Name medication and daily dosage .....  
Diet only? .....  
Insulin? .....  
Oral medication? .....  
Insulin and oral? .....
6. Do you regularly test your urine for sugar? .....
7. How often is urine sugar present? .....
8. Have you ever had (please answer "yes" or "no" and if "yes" give details, i.e., Dates? How often?): .....  
Diabetic coma? \_\_\_\_\_ High blood pressure? \_\_\_\_\_  
Insulin shock? \_\_\_\_\_ Kidney trouble? \_\_\_\_\_  
Heart trouble? \_\_\_\_\_ Neuritis? \_\_\_\_\_  
Eye trouble? \_\_\_\_\_
9. Any electrocardiograms and/or X-rays taken? .....  
Name of Doctor? Results reported to you? .....

I hereby declare that the above statements are complete and true to the best of my knowledge and belief, and I agree that they shall form part of my application for insurance.

Signature of Proposed Insured \_\_\_\_\_ Witness \_\_\_\_\_

Date \_\_\_\_\_

**Please use the back of this sheet, if necessary, to report details which will clarify this medical history.**