



**BROKERAGE GROUP
INTERNATIONAL, LLC**

Diabetes Questionnaire

Broker Name: _____ Date: _____

Phone: _____ Fax: _____

E-Mail: _____

Address/City/State/Zip: _____

CLIENT INFORMATION

Name: _____ M F

Date of Birth: _____ Height: _____ Weight: _____

Occupation: _____

Insurance Amount _____ Insurance Type: Term Universal Life Whole Life

Death Benefit: _____ Second to Die Variable

Have you ever used tobacco or nicotine products? Yes No

If yes, what type of product did you use? Cigarettes Cigar Pipe Other

DIABETES INFORMATION

1. Date of diagnosed: _____

2. Type of medication and dosage: _____

3. Have you been hospitalized?

a. Yes No

b. When (list all)? _____

c. Duration? _____

4. When did you last see your doctor? _____

5. How often do you visit? _____

6. Do you have glycohemoglobin A1C tests done?

a. Yes No

b. Result: _____

7. Do you test your own sugar? Yes No

8. Do you know the most recent result? Yes No

9. When? _____

10. Date of last blood glucose level: _____

11. Result: _____

12. Are you and your doctor pleased with your control? Yes No

13. Have you had any kidney problems? Yes No

14. Have you had any protein in the urine? Yes No

15. Have you had any problem with your eyes?

a. Yes No

b. Any treatment? _____

c. When? _____

16. Have you had any high blood pressure?

a. Yes No

b. When? _____

17. Have you had any "heart trouble"?

a. Yes No [If **yes**, please complete the Heart Questionnaire also.]

b. When? _____

18. Have you had any neurological symptoms, loss of feeling in your feet? _____

19. Additional Comments? _____
