Appletree Financial Network
DIABETES QUESTIONNAIRE

Proposed Insured's Name: DOB: Sex: ☐ M ☐ F

Tobacco Use: ☐ Yes ☐ No Amount: Height: Ft. In. Weight:

Broker's Name: Face Amount:

BGA: Phone: Fax:

Proposed Insured please answer the following:

1. Date you were diagnosed: Age at diagnosis:
2. Classification: ☐ Insulin ☐ Non-Insulin ☐ Diet ☐ Gestational
3. Do you test your own blood sugar and urine? ☐ No ☐ Yes, How often?
4. Do you follow a diabetic diet or exercise? ☐ Yes ☐ No
5. Have you been diagnosed with or treated for any of the following?
   ☐ Retinopathy (Diabetes related eye problems) ☐ Kidney disease
   ☐ Neuropathy * ☐ Laser surgery
   ☐ Hypertension ☐ Protein in urine ☐ Heart conditions
   Details:

If Neuropathy is present, please complete the Peripheral Vascular Questionnaire

6. When was your last glycohemoglobin (A1C) test done?
   Who performed the test, and results:
7. Do you have any other major health problems? ☐ No ☐ Yes, Details:
8. Are you on any medication(s)? ☐ No ☐ Yes, Name(s) and dosage(s):
9. Have you had any reactions? ☐ No ☐ Yes, Type and frequency:
10. How often do you visit your physician?
    Date of last visit:
11. Name and address of your physician(s):

Underwriter's Notes:

Date: ____________ Proposed Insured's Signature: ____________________

FAX: 952-853-0935