

DIABETES QUESTIONNAIRE BY MEDICAL ATTENDANT (A1403)

Name of the Life to be Insured

Policy No.

1. Please state date on which diabetes was first diagnosed Date

2. What treatment is the applicant receiving for diabetes:

Insulin: Type _____ No. of units in 24 hours _____

Oral drug: Name _____ Dosage _____

Diet: Describe _____

Has treatment been changed at any time? YES NO

If "YES", give details

3. For how long has the applicant been under treatment? _____

4. Is applicant under constant medical supervision? _____

5. Please state date of most recent examination Date

6. Do you consider that your advice is followed strictly? YES NO

If "NO", please supply reason for opinion

7. Has the applicant ever suffered diabetic coma? YES NO

8. What is the condition of

a) the posterior tibial and dorsalis pulses? _____

b) the optic fundi? _____

9. a) When was the most recent fasting blood sugar estimation done? _____

b) What was the fasting estimation done?

c) Please supply the three most recent HBA1C Blood results dates

10. Is the blood pressure always below 140/90? YES NO

If "NO", state the three most recent readings with dates

11. Does sugar frequently appear in the urine?

YES NO

If "YES", to what extent?

12. Has either if the following ever been done:

a) Electrocardiogram?

YES NO

If "YES", when last and by whom?

Result:

b) X-ray of chest?

YES NO

If "YES", supply date(s) and results

When possible original ECG tracings and X-ray reports should be forwarded with the completed form. These will be returned after inspection.

13. Have you had occasion to refer this applicant to another medical practitioner?

YES NO

If "YES", state name of practitioner(s) and date(s)

14. Please state any other relevant information

Signature _____

Date

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Name of medical attendant _____

Qualification _____

Address _____

SAMDC Registration No. _____ Practice No. _____