GBS Insurance and Financial Services
A Gallagher Company

DIABETES QUESTIONNAIRE

To help you obtain competitive life insurance quotes, please provide information on your medical history and other factors that may impact underwriting. This preliminary inquiry is not an actual application for insurance and does not guarantee any coverage will be offered. This information is held confidential and released only to authorized recipients.

Name:	Date:
Date of birth: ☐ Male ☐ Female	Height: ' " Weight: lbs.

1. What type of diabetes do you have? ☐ pre-diabetes ☐ type 1 ☐ type 2 ☐ gestational ☐ other
2. Date first diagnosed:
3. How often do you visit your physician?
   When was the last visit?
4. Your diabetes is controlled by: ☐ Diet alone
   ☐ Oral medication (medication and doses):
   ☐ Insulin (amount and units/day):
5. Please give the most recent blood sugar reading:
6. Do you monitor your own blood sugar? ☐ Yes ☐ No
7. If available, please give the most recent glycohemoglobin (A1C) or fructosamine level:
8. Please check if you have (had) any of the following:

☐ Chest pain or coronary artery disease	☐ Protein in the urine	☐ Elevated lipids
☐ Overweight	☐ Neuropathy	☐ Kidney disease
☐ Retinopathy	☐ Abnormal ECG	☐ Hypertension

9. Are you on any medications now? ☐ Yes ☐ No
   If yes, please list below:

Name of Medication	Dosage	Reason

10. Do you have any other health issues? ☐ Yes ☐ No
    If yes, please give details below: