

Diabetes Mellitus - Ask "Rx" -pert Underwriter
(ask our experts)

Producer _____ Phone _____ Fax _____

Client _____ Age/DOB _____ Sex _____

If your client has diabetes, please answer the following:

1. Please list date when first diagnosed: _____

2. How often does your client visit his or her physician? (Also note date of last visit) _____

3. The client's diabetes is controlled by

diet alone

oral medication _____ (medication & doses)

insulin _____ (amount of units/day)

4. Is your client on any other medications?

yes, please give details _____

no

5. Please give the most recent blood sugar reading _____

6. Does your client monitor their own blood sugar? _____

7. If available, please give the most recent glycohemoglobin (HbA1c) or fructosamine level

8. Please check if your client has had any of the following:

chest pain or coronary artery disease

overweight

elevated lipids

protein in the urine

kidney disease

neuropathy

black out spells

retinopathy

hypertension

abnormal ECG

9. Has your client smoked cigarettes in the last 12 months?

yes

no

10. Does your client have any other major health problems (ex: cancer)?

yes, please give details _____

no

After reading the Rx for Success on Diabetes Mellitus, please feel free to use this Ask "Rx" -pert Underwriter for an informal quote.

This material is intended for insurance informational purposes only and is not personal medical advice for clients.

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