

# **DIABETIC QUESTIONNAIRE (MEDICAL)**

## **CONFIDENTIAL**

To be completed in English by the Medical Attendant of the life assured.

Full name of life assured

Date of birth (dd/mm/yyyy)

**The life assured has given a history of diabetes and we would appreciate your answers to the following questions.**

1. When was diabetes first diagnosed?

2. Please confirm the treatment history including the date on which medication was first given, what medication was prescribed and whether there have been any changes to that treatment to date. Please include dosage of drugs and type and dosage of insulin etc.

3. Describe the patient's attitude towards the condition and how well the patient controls the condition.

4. Have there been any episodes of hypoglycaemia requiring intravenous glucose, or hospital admission due to diabetic coma or ketocidosis?  
 Yes  No If Yes, please give details below.

5. How often does the patient attend you for follow up and when did the last follow up take place?

6. Please give a range of blood sugar, HbA1c and microalbumin results including at least the latest three of these from your records.

Date	Blood Sugar	HbA1c	Microalbumin

7. Have you ever had any of the following?

- Retinopathy  Yes  No
- Neuropathy  Yes  No
- Nephropathy  Yes  No
- Ischaemic heart disease  Yes  No

If Yes, please provide full details.

8. Has the patient had an ECG, stress ECG, echocardiogram, lipid profile or chest x-ray?

- Yes  No      If Yes, please give dates and results below.

9. Please provide any other relevant information (results of urine tests etc).

Medical Attendant's full name (please print)

Qualifications

Signature of Medical Attendant's full name (please print)

Date (dd/mm/yyyy)

**IMPORTANT NOTES**

RL360 confirms that it has the express and irrevocable permission of the applicant/life assured to seek the requested information.

**DATA PROTECTION**

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