

## Diabetic questionnaire

This questionnaire should be completed by the applicant's medical attendant.

Application/policy number:

Full name of the person to be assured:

Date of birth:

Patient since:

Please answer each question and where appropriate provide particulars.

### 1 History

When was diabetes first diagnosed:

### 2 Diagnosis

Please advise type of diabetes:

Type I – Insulin Dependant

Type II – Non-insulin Dependant

Other, please give details

### 3 Treatment and control

What type of treatment has been prescribed?

Diet  Oral hypoglycaemics (please state drug and dosage)

Insulin (please state type and dosage)

Does your patient visit you regularly for review?  Yes  No

Date of last visit:

How well does your patient control his/her condition?

Poor  Moderately well  Well

With regard to treatment and reviews, would you describe the patient as being:

Uncooperative  Reasonably cooperative  Very cooperative

Please advise the date and result of most recent HbA1c test:

Please advise the date and result of the most recent blood sugar level:

Is there any evidence of the following:

Retinopathy  Nephropathy  Neuropathy

Ischaemic heart disease  Peripheral vascular disease  Hypertension

Micro-albuminuria/proteinuria

Other complications, please give details

Continued overleaf

4 Has the patient ever had diabetic coma or hypoglycaemic shock?

Yes, please give details

No

5 Additional comments:

6 Date, signature and stamp of the medical attendant

Date:

Signature:

Stamp:

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