

**Form Med 06 - Medical Conditions Supplementary Questionnaire**  
**Diabetes**

**Full Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Please remember that failure to answer the relevant questions fully may affect the underwriting decision and therefore terms offered may be amended or withdrawn.

1. When was your diabetes first diagnosed?

2. What treatment do you receive?  
(human insulin, tablets, diet only or combination of any of these).  
(If tablets, please state which).

3. Do you follow a strict diet? Yes  No

4. a) How frequently do you attend your hospital, clinic or GP for monitoring?

b) How frequently do you monitor your diabetes and is this by testing your blood or urine for glucose(sugar)?

c) Please indicate your usual test results for:  
(give range, ie: 8 – 11, or + to ++)

Blood Glucose:	Urine:
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d) What was the date and result of your last HbA1c (glycosylated haemoglobin)?

e) Please state results of other investigations (eg: creatinine, ketone/acetone).

5. Have you ever had a diabetic (hyperglycaemic) or insulin (hypoglycaemic) coma? Yes  No  If **yes**, please give details:

6. Have you ever had any problems with:

i) Eyes	Yes <input type="checkbox"/>	No <input type="checkbox"/>
ii) Feet or Legs (ie: numbness or tingling)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
iii) Blood pressure	Yes <input type="checkbox"/>	No <input type="checkbox"/>
iv) Heart or circulation	Yes <input type="checkbox"/>	No <input type="checkbox"/>
v) Kidneys (ie: protein in urine)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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7. Have you ever been off work with this complaint?

Yes  No  If **yes**, please give details:

8. Please give name, address and contact number of any clinic or hospital you attend regularly:

10. Any additional information that may help us to process your application:

**Note:**  
Please ensure your answers given in this questionnaire are, to the best of your knowledge, true and complete and that no information is withheld which may influence the underwriting of the application(s) for Life Assurance, Critical Illness cover, Income or Mortgage Payment Protection. Failure to disclose any material facts known may affect the terms offered. If you fail to provide any of this information or if you mis-state any information this could mean that the terms offered may be amended or withdrawn.  
If you are uncertain as to the relevance of any such information please disclose it anyway.