



## Preliminary Risk Evaluation - Diabetes

**Proposed Insured Name:** \_\_\_\_\_

\*Please submit this form with the Preliminary Risk Evaluation Questionnaire\*

### **Diabetes History:**

**Type of Diabetes Diagnoses (circle):** Type 1 / Type II / Gestational / Pre-Diabetes

**Date of diabetes diagnosis:** \_\_\_\_\_

**What is the most recent A1C reading:** \_\_\_\_\_

**What is the most recent Blood Sugar / Glucose reading:** \_\_\_\_\_

**Please list the current medication treatment and dosage:** \_\_\_\_\_

**Have you had any adverse issues related to Diabetes or secondary diagnosis? (circle any that apply):**

- Diabetic coma or insulin reaction
- Protein in the urine
- Kidney Disease
- Heart Disease
- Stroke or TIA (Transient Ischemic Attack)
- Circulation Problems (Peripheral Vascular Disease)
- Retinopathy (Diabetic Eye Disease)
- Neuropathy (Diabetic Nerve Disease)

Please advise details to all yes answers noted above: \_\_\_\_\_

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**If diagnosed with Gestational Diabetes, are you still currently pregnant (Circle)?** Yes / No

If yes, please advise expected due date? \_\_\_\_\_

**Please advise any additional details for consideration:** \_\_\_\_\_

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