



CLIENT NAME: Male	Height tally stopped Date sto _ □ Survivor Ty	::	Weight: □ Use now □ Term □ UL ium:	Type of nicotine product:
FAMILY HISTORY Has proposed insured had a parent, brother or sister who had cancer, diabetes, stroke, heart or kidney disease or who committed suicide? If yes, use separate sheet to provide this information, including age of onset and date of death				
PROPOSED INSURED'S EXISTING INSURANCE				
Full Name of Company	Face Amoun	t	Year Issued	Is Policy to be Replaced?
1. Date first diagnosed:				
2. How often does your client visit his/her physician?:				
When was the last visit?				
3. The client's diabetes is controlled by: □ Diet alone □ Oral medication (medication and doses)				
4. Please give the most recent blood sugar reading:				
5. Does client monitor his/her own blood sugar?				
6. If available, please give the most recent glycohemoglobin (BhA1C) or fructosamine level:				
7. Please check if your client has (had) Chest pain or coronary artery disea Overweight Retinopathy	n the urine thy II ECG	☐ Elevate ☐ Kidney ☐ Hypert	y disease	
8. Is client on any medications now? (accurate name, dosage, and reason)				
(Accurate) Name of Medication		Dosage	Reason	
9. Does client have any other health issues? (additional questionnaires may be required) \(\subseteq \text{No} \subseteq \text{Yes; please give details} \)				