

## **HYPERGLYCEMIA**

CLIENT NAME:				Nate:	
☐ Male ☐ Female Date of birth: _	Heigh	nt:'	' Weight:		
<b>Tobacco Use:</b> □ Never used □ Tot					uct:
Type of Coverage: □ Term □ UL □ Survivor Type of Coverage: □ Term □ UL □ Survivor UL					
Coverage Amount: Anticipated Premium:					
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 Amou		nt	Year Issued	Is Polic	cy to be Replaced?
1. Date of diagnosis:					
2. What were the last 4 levels for:					
☐ Glycohemoglobin:					
☐ Glucose:					
□ Microalbumin:					
3. Is condition controlled? ☐ No ☐ Yes; please give details					
4. Is client on any medications now? (accurate name, dosage, and reason)					
(Accurate) Name of Medication		Dosage	Reason		
5. Does client have any other major health issues? (additional questionnaires may be required) $\square$ No $\square$ Yes; please give details					