FPG
FINANCIAL PROFESSIONALS GROUP

Diabetes Questionnaire

Name

DOB

Gender

Desired face amount and type of coverage:	
Height and Weight:	
Date of or Age at Diagnosis:	
Type of Diabetes:	
How is the diabetes controlled?	☐ Diet alone ☐ Oral medication: ____________________ ☐ Insulin (medication & dose): ____________________ ☐ Other (medication & dose): ____________________
How often does the client visit their physician for follow up?	
Provide latest blood sugar and hemoglobin A1c readings:	
Provide most recent blood pressure and cholesterol readings:	
Any related complications? Check all that apply:	☐ Chest pain or coronary disease ☐ Abnormal lipids ☐ Kidney disease ☐ Black out spells ☐ Hypertension ☐ Protein in urine ☐ Retinopathy (vision problems) ☐ Neuropathy (numbness in extremities ☐ Abnormal echocardiogram
Have you ever had any other major medical conditions? Provide diagnosis date, treatment, results, etc.	
Other information:	

Please return the completed form to your financial professional.

All quotes are tentative, and are NOT BINDING, and SUBJECT TO full underwriting which may include exams, labs, doctor records, and/or any other information obtained during the underwriting process.