

DIABETIC QUESTIONNAIRE

Name of Applicant _____

1. How long have you known you have diabetes? _____
 2. What treatment?
 Type of Insulin _____ Units per day? _____
 Type of oral medication _____ Amounts per day? _____
 3. Name(s) & Address(es) of current supervising Doctor(s) _____
-
4. How frequently do you consult him (them)? _____
 5. Date of last consultation? _____
 6. Have you had Insulin reactions? No Yes (if yes, give dates, duration, severity)

-
7. Have you been in diabetic coma? No Yes (if yes, give dates, duration)

8. Blood sugar:

Date	Time since Food	Result

9. How frequently is urine tested for sugar?

10. Results? _____

11. Any history of: (if yes, give details, dates, name(s) and address(es) of attending doctor(s))
 - a. Retinitis or eye trouble? No Yes
 - b. Neuritis? No Yes
 - c. Heart Attack? No Yes
 - d. High Blood pressure? No Yes
 - e. Other circulatory trouble? No Yes
 - f. Repeated infection? No Yes
 - g. Albumin or nephritis? No Yes

I have read the above statements and answers and they are complete and true to the best of my knowledge and belief. I understand they will form part of the application to the Manulife Chinabank Life Assurance Corporation for insurance on my life.

Signed at _____ this _____ day of _____ 20_____.

Signature of Applicant

Signature of Agent/Medical Examiner