SUTTON
SPECIAL RISK

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Toronto, Ontario M5E 1G4
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DIABETIC QUESTIONNAIRE

TO BE COMPLETED BY THE PROPOSED INSURED

Name		Date of birth
Address		
Height	Weight	Weight 2 years ago
Date of original diagnosis		

Name and address of physician who made the diagnosis.	
Are you presently under medical supervision or receiving treatment? ☐ no	☐ yes Please provide details.
Name and address of attending physician or clinic where treatment received.	
Have you ever ceased insulin treatment or resumed an unrestricted diet? ☐ no	☐ yes Please provide details.
Results of blood sugar estimations.	
Results of blood sugar readings for the last 7 days.	
State amount and type of insulin taken daily (or state the daily dose of tablets if oral treatment employed).	
What was your last Glycosolated Haemoglobin and when?	
Have you ever had any of the following:	Please provide details.
Diabetic coma? ☐ no	☐ yes
Eye trouble? ☐ no	☐ yes
Heart trouble? ☐ no	☐ yes
High blood pressure? ☐ no	☐ yes
Recurring or prolonged illness? ☐no	☐ yes
Trouble with the circulation to your feet or legs? ☐ no	☐ yes

PLEASE TURN OVER

Has albumin ever been found in your urine?	☐ no	☐ yes Please provide details.
Has your creatinine ever been found elevated?	☐ no	☐ yes Please provide details.
Has an electrocardiogram been taken?	☐ no	☐ yes Please provide details.

BROKER INFORMATION

Broker/Agent/Consultant

Contact name and telephone no.

DECLARATION

I agree that the above questions and answers shall form part of my proposal for insurance and I authorize SUTTON SPECIAL RISK INC. to approach the physicians named to confirm the details of my medical history.

Signature Date