



J.L.Thomas & Company

A LIFEMARK PARTNER

The strength of many. The power of one.

Diabetes Mellitus - Ask "Rx" pert underwriter (ask our experts)

Producer _____ Phone _____ Fax _____

Client _____ Age/DOB _____ Sex _____

If your client has diabetes, please answer the following:

1. Please list date when first diagnosed: _____
2. How often does your client visit their physician? *also note date of last visit*) _____
3. The client's diabetes is controlled
 - diet alone
 - oral medication _____ (medication & doses)
 - insulin _____ (amount of units/day)
4. Is your client on any other medication
 - yes, please give details _____
 - no
5. Please give the most recent blood sugar reading _____
6. Does your client monitor their own blood sugar? _____
7. If available, please give the most recent glycohemoglobin (HbA1c) or fructosamine lev

8. Please check if your client has had any of the followin
 - chest pain or coronary artery disease
 - elevated lipids
 - kidney disease
 - black out spells
 - hypertension
 - overweight
 - protein in the urine
 - neuropathy
 - retinopathy
 - abnormal ECG
9. Has your client smoked cig ettes in the last 12 months?
 - yes
 - no
10. Does your client have any other major health oblems (ex: cancer, etc.)?
 - yes, please give details _____
 - no

After reading the Rx for Success on Diabetes Mellitus Classification, please feel free to use this Ask "Rx" pert underwriter for an informal quote.