

Ask "Rx"pert Underwriter (Ask Our Expert)

After reading the *Rx for Success* on Diabetes Mellitus, use this form to Ask "Rx"pert Underwriter for an informal quote. The rating for DM depends on the age of onset, the duration, treatment, control of the blood sugar, and complications if any.

Producer _____ Phone _____ Fax _____
 Client _____ Age/DOB _____ Sex _____

If your client has had Diabetes Mellitus, please answer the following:

1. Please list date of first diagnosis.

2. How often does your client visit their physician (Also note date of last visit.)?

3. The client's diabetes is controlled by:

- Diet alone Insulin (Medication and dose.) _____
 Oral medication _____ Other (Medication and dose.) _____

4. Is your client on any medications?

- Yes. Please give details. _____
 No

5. Please give the most recent blood sugar and hemoglobin A1c readings.

6. Please check if your client has had any of the following:

- Chest pain or coronary disease Black out spells Neuropathy
 Abnormal lipids Hypertension Retinopathy
 Kidney disease Protein in urine Abnormal ECG

7. Has your client smoked cigarettes in the last 12 months?

- Yes
 No

8. Does your client have any other major health problems (e.g., cancer, etc.)?

- Yes. Please give details. _____
 No

9. Please tell us your client's height and weight.

Height _____ Weight _____