



CHRONIC PAIN QUESTIONNAIRE

Instructions:

Use this form to provide additional information on the Proposed Insured. If you have any questions, or for additional information, please contact us at ☎ 1-800-772-8632 or visit our website at 🌐 www.PRCUA.org.

FIRST (MI) LAST NAME

DATE OF BIRTH – (MONTH/DAY/YEAR)

1. When was diabetes diagnosed? _____
2. What type of diabetes do you have? Type I Type II Gestational
3. Please list all physicians that have treated you for your diabetes: (provide names and addresses)

4. Date you last consulted above physician: _____ How often do you see? _____
5. How is your diabetes controlled? Diet Insulin Oral Medications
6. List all medications currently taken, including diabetes medications: (provide dosage and frequency)

7. How often do you test your blood sugar? _____
What are the results & the dates of the last 3 readings? _____
What are the dates & results of your last three HgA1c (glycohemoglobin) readings? _____

8. Have you ever had: (If yes, provide details regarding diagnosis, dates, physicians and treatments)

A. Diabetic Coma or Insulin Shock?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. Heart Trouble, TIA or Stroke?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C. High Blood Pressure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D. Kidney Trouble or protein in urine?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E. Neuropathy or numbness/tingling?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
F. Retinopathy or eye problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Have you ever been hospitalized due to your diabetes? Yes No
(If yes, provide dates, names and addresses for all treatment locations)

10. What is your current height & weight? _____
11. Please provide any additional information you feel is important concerning your diabetes: _____

I understand that this declaration will be relied upon by the Company in determining my insurability. I understand that any material misstatement in this declaration, or elsewhere could render the policy, if issued, voidable. I declare that the above answers are true and complete to the best of my knowledge.

PROPOSED INSURED'S SIGNATURE

DATE