

**Colonial Life Insurance Company (Trinidad) Limited
29 ST VINCENT STREET
PORT OF SPAIN**

UNDERWRITING

DIABETIC QUESTIONNAIRE (Doctor)

NAME:.....

BIRTH DATE:.....
(M/D/Y)

- (1) How long has the proposer been your patient?.....
- (2) To the best of your knowledge, does the proposer regularly seek and conscientiously follow medical advice?.....
- (3) Details of treatment.....
- (4) Has the proposer ever had an insulin coma or diabetic coma?.....
- (5) Has the requirement of insulin varied greatly?.....
- (6) Is the proposer, in your opinion, a mild, moderate, or severe diabetic?.....
- (7) Please give full particulars of any recent blood sugar estimations.....
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- (8) If you have recorded the blood pressure, please give readings and dates.....
.....
- (9) Has an electrocardiogram or X-ray been taken? Yes No
If yes, with what results?.....
- (10) Are there any other notable features?.....

DATE.....

SIGNATURE.....
(MEDICAL EXAMINER)