

Nashville Brokerage

"Saving You Time, Making You Money"

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QUICK QUOTE

Diabetes

JIM BECK

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Client Name _____ Sex _____ DOB _____ AGE _____ HT _____ WT _____ State _____

Amt. requested \$ _____ Annual Premium \$ _____ Type of Insurance UL _____ Term _____

Tobacco use No _____ Yes _____ Type _____ Amt of Insurance in force _____ Replacement _____

Occupation _____ Marital Status Single Married Divorced Widowed

Family History- Age if still living: Father _____ Mother _____ Brothers _____ Sisters _____

Any deceased? If so give relation, age and cause of death of each _____

Do you exercise regularly? Yes _____ No _____ Details _____

Date of last medical checkup _____ Date of last EKG _____ Results of EKGs _____

Are you treated for Hypertension? Yes _____ No _____ Last Blood Pressure Reading _____/_____

Are you treated for Cholesterol? Yes _____ No _____ Last Cholesterol HDL Readings _____/_____

Agent: Name _____ Phone _____ Fax _____ Email _____

Address _____ City _____ State _____ Zip _____

1 Clients age at onset of Diabetes _____

2 What is the method of control?

Diet only _____ Oral Meds* _____ Insulin _____

*List Medications _____

3 Has client always been on Insulin?

Yes _____ No _____

How many times per day is Insulin taken?

Once or twice _____ Three or more _____

4 How often are blood sugar levels checked?

One or Two times per day _____

Three or more times per day _____

5 Please note any of the following complications

EKG abnormalities, Insulin Reactions' Diabetic Coma, Eye Trouble, Heart Trouble, Protein in Urine, Amputations Neuropathy

6 Please detail any positive answers from question 5

Please furnish dates, frequency of occurrence

7 What is the most recent Glycohemoglobin A1C level (Glyco A1C) _____?

8 Date of last visit to a Physician _____ How often seen? _____

9 List any other illnesses or impairments as well as all medications taken. Include dosages of meds.