

DIABETES MELLITUS QUESTIONNAIRE

HEALTH INSURANCE

Particulars of Life to be Assured

| | | |
|---|---------------------|-------------------|
| Name of Life to be Assured (as shown in NRIC) | Proposal/Policy No. | NRIC/Passport No. |
|---|---------------------|-------------------|

Questions

1. Date of diagnosis/onset (dd/mm/yyyy)?

2. Are you or have you been insulin dependent?

Yes

No

3. Have you ever been hospitalised before?

Yes (Please give details below)

No

Please enclose a copy of inpatient discharge/clinical summary(ies).

Enclosed

Not available

| Date/Period of Hospitalisation | Reason/Diagnosis | Name of Hospital |
|--------------------------------|------------------|------------------|
| | | |
| | | |
| | | |
| | | |

4. Are you on regular follow-up with a doctor?

Yes (Please indicate frequency below by ticking the most suitable one and provide name and address of doctor) No

| |
|------------------------------|
| At least once every 3 months |
| At least once every 6 months |
| Occasionally |
| Never |

Name and address of doctor:

5. What treatment has been prescribed by your doctor?

Diet only

Diet and Medications. Please give details of the medications you are/were taking.

| Name of Medication | Dosage | Date/Period (dd/mm/yyyy) |
|--------------------|--------|--------------------------|
| | | |
| | | |
| | | |
| | | |

GH/G6113/DMQ/09/2009

6. Please provide the lab readings of the last 3 measurements of your blood sugar level, e.g. HbA1c (glycosulated haemoglobin).

| | Date Measured | Result |
|----|---------------|--------|
| 1. | | |
| 2. | | |
| 3. | | |

7. Any investigation (e.g. urine test, blood test, HbA1c, OGTT, etc.)/health screening performed?

- Yes (Please give details below)
 No
 Please enclose a copy of the medical reports.
 Enclosed
 Not available

| Type | Date Performed | Result |
|------|----------------|--------|
| | | |
| | | |
| | | |

8. Do you smoke cigarettes? If yes, how many per day?

- Yes. Number of cigarettes per day _____
 No

9. Have you ever suffered from any of the following? No

Tick the ones which you have.

- High Blood Pressure
 High Cholesterol
 Heart problem
 Stroke
 Kidney problem/Urine abnormalities
 Liver problem
 Numbness
 Eye/Retina problem
 Others

Give Details

Declaration

I declare that the answers I have given are, to the best of my knowledge, true and that I have not withheld any material information that may influence the assessment or acceptance of my proposal.

I agree that this form will constitute part of my proposal for health insurance and that failure to disclose any material fact known to me may invalidate the contract of insurance.

I confirm that there has been no change in my/Life to be Assured's health status since the completion of the application forms including all questionnaires/additional declarations made in connection with the application.

Signed in Singapore on the _____ day of _____ 20____

Signature of Life to be Assured

Signature of Proposer (if different from Life to be Assured)