

## Diabetic Questionnaire (Medical) – Confidential

To be completed in English by the Medical Attendant of the life assured.

Full name of life assured

Date of birth (dd/mm/yyyy)

The life assured has given a history of diabetes and we would appreciate your answers to the following questions

1. When was diabetes first diagnosed?

2. Please confirm the treatment history including the date on which medication was first given, what medication was prescribed and whether there have been any changes to that treatment to date. Please include dosage of drugs and type and dosage of insulin etc.

3. Describe the patient's attitude towards the condition and how well the patient controls the condition.

4. Have there been any episodes of hypoglycaemia requiring intravenous glucose, or hospital admission due to diabetic coma or ketocidosis? Yes  No  If Yes, please give details below.

5. How often does the patient attend you for follow up and when did the last follow up take place?

6. Please give a range of blood sugar, HbA1c and microalbumin results including at least the latest three of these from your records.

Date	Blood Sugar	HbA1c	Microalbumin

7. Is there any evidence of any of the following:

Retinopathy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Nephropathy	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Neuropathy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Ischaemic heart disease	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Peripheral vascular disease	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

If Yes, please provide full details.


8. Has the patient had an ECG, stress ECG, echocardiogram, lipid profile or chest x-ray?

Yes  No  If Yes, please give dates and results below.


9. Please provide any other relevant information (results of urine tests etc).


Medical Attendant's full name (please print)


Qualifications


Signature of Medical Attendant

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Date (dd/mm/yyyy)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Important Notes**

RL360° confirms that it has the express and irrevocable permission of the applicant/life assured to seek the requested information.

**Data Protection**

Any data, which may include sensitive personal data, supplied to RL360° regarding the applicant/life assured may be shared, if allowed by law, with other companies both inside and outside of RL360° and to persons who act on their behalf. Data and information about the applicant/life assured can be transferred outside of the Isle of Man and RL360° may be required to provide it to its regulator, its government or anyone else required by law.

The Isle of Man Data Protection Act 2002 allows the applicant/life assured, after paying a small fee, to receive a copy of the data and information RL360° holds about them. For further information they may write to: Data Protection Officer, RL360°, RL360 House, Cooil Road, Douglas, Isle of Man, IM2 2SP, British Isles.