

Diagnosis

Q1. Please give your age and date when you were diagnosed with diabetes?

Age Date of diagnosis / /

Q2. Please confirm the type of diabetes you have.

Type I diabetes mellitus (also known as juvenile onset or insulin-dependent diabetes mellitus)

Type II diabetes mellitus (also known as maturity onset or non insulin-dependent diabetes mellitus)

Gestational diabetes (during pregnancy)

Q3. For gestational (pregnancy) diabetes only

Did your glucose return to normal following your pregnancy? Yes No

Q4. Please give the date and result of your last three HbA1c, blood pressure and cholesterol readings, if you know them

Date	HbA1c	Blood Pressure	Cholesterol
<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>			
<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>			

Q5. Do you test your blood to monitor sugar levels? Yes No

Blood Average fasting glucometer readings over last two to three months

Q6. Have you ever needed laser eye surgery due to your diabetes? Yes No

Please confirm the date and results of your last eye test with the National Diabetic Retinal Screening Programme?

Q7. Do you have a copy of your diabetes clinic passport to provide with this questionnaire? Yes No

If so please provide a copy of pages 16 – 21 showing the results from your regular check ups

Symptoms

Q8. How often do you have severe low blood sugars (hypoglycaemia)?

Q9. Have you ever been admitted to hospital because of diabetes?

Yes No

If yes please give dates and details

Q10. Have you ever been told that your urine contains albumin or protein or that you had other kidney abnormalities?

Yes No

If yes, please give full details including nature of the problem and dates.

Dates

Nature of problem

		/			/				
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Q11. Have you ever had any problems with:

Your Heart? Yes No or have you ever had any cardiac investigations? Yes No

The blood vessels in your legs? Yes No

Raised cholesterol? Yes No

Raised blood pressure? Yes No

Numbness, tingling or any other neurological symptoms? Yes No

Your skin? Yes No

Your feet (for example, foot ulcers or sores, extended healing time for cuts, pains in your calves, heels or feet)? Yes No

If you have answered 'Yes' to any of the questions above, please give full details here.

Treatment

Q12. Do you take insulin?

Yes No

If 'Yes', please give the following details.

Name:

Total units per day:

Q13. If you are taking diabetic tablets, please tell us the type and dose each day.

Q14. Do you visit your doctor or clinic regularly about your diabetes?

Yes No

How often do you visit your GP?

Date of last visit

		/			/				
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How often do you visit the diabetic clinic?

Date of last visit

		/			/				
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Q15. Please provide any other information on this subject which you feel may be beneficial in assessing your application.

Please, outline details of any regular exercise you undertake or lifestyle changes your doctor has recommended, or you yourself have implemented as a result of your condition (for example, weight reduction, low-salt diet or other).

Declaration

Please review the answers given in this questionnaire and then read, sign and date this declaration.

I agree that this questionnaire will form part of my application for cover to Irish Life Assurance plc.

I have read and understood the note on the first page of this form about telling Irish Life about material facts and I understand that if I do not reveal all these facts, Irish Life could treat the plan as void and in these circumstances Irish Life will not pay a claim or refund my payments.

I have read over the answers to all the questions on this form and declare that all statements (including any statements written down for me) are true and complete. I understand a copy of this form is available to me if I ask.

I understand that this cover will not start until you have accepted me for cover and I have paid the first premium.

I understand that I must tell you in writing about any changes in my personal medical circumstances, family history or taking part in dangerous pursuits before this cover is accepted.



Please sign and date

Signature

Date

d	d	/	m	m	/	y	y	y	y
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In the interest of customer service we will record and monitor calls.

Irish Life Assurance plc is registered in Ireland number 152576, VAT number 9F55923G.