

## Diabetes Health Questionnaire — For Pre-Assessment

Only enter in Initials; do NOT enter life insured full name (for Privacy Reasons).

Initials of life insured:	Gender:	Date of Birth	/	/
Smoking Status:	Non-Smoker	Ex-Smoker	Smoker	
Postcode of your Life Insured	Height:	cms	Weight:	kgs
Relationship Status:	Married/Defacto	Widowed	Single	
QuickCalc Reference Number (if applicable):				

### 1. What treatment does the life insured currently receive for diabetes?

Diet control only	Tablets (oral medication)
Tablets and insulin injections	Insulin injections

### 2. Has the life insured any of the following complications due to diabetes? (Please select all that apply)

Eye problems (diabetic retinopathy)	Nerve damage (diabetic neuropathy)
Kidney complications (diabetic nephropathy)	Heart disease (e.g. irregular heartbeat)
Nerve damage with reduced or altered sensation (diabetic neuropathy)	

### 3. Over the past three years, how would the life insured describe their diabetes control?

Always well controlled	Generally well-controlled, with occasional poor control	Frequently poorly controlled
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### 4. Does the life insured require help with any daily activities, such as driving, bathing, walking, standing, sitting, dressing, preparing meals or managing administrative and banking tasks? Yes No

If Yes, please provide details of the activities and whether partial or full assistance is needed.

### 5. In an average week, how often does the life insured engage in social interactions with family, friends, or community groups? Such as visiting family, meeting friends for coffee, attending community events, or participating in group exercise activities.

None	1-time	2-3 times	4-5 times	everyday
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### 6. How many different prescribed medications does the life insured take daily?

None	1-2	3-5	5-7	8-9	10+
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### 7. Name of all medication(s) currently taking (and dosage)

Note: To Fasttrack Pre-Assessment, ask the life insured to redact their full name, then take a photo of their current medication(s) and attach to this form.

Medicine 1	Dosage	Medicine 4	Dosage
Medicine 2	Dosage	Medicine 5	Dosage
Medicine 3	Dosage	Medicine 6,7,8	Dosage(s)

### 8. How long has the life insured been attending their current GP/Medical Practice?

Less than 1 year	1-5 years	5-10 years	10 or more years
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### 9. In the last 12 months, approximately how often has the life insured seen their GP/Medical Practice?

Yearly	Half Yearly	Quarterly	Monthly	Fortnightly	Weekly
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### 10. Please provide details of the life insured's GP / medical practice.

Name of GP	Date Last Seen
Address	

### 11. Would the life insured be willing to confidentially discuss their current health with an iExtend's medical underwriter? Yes No

If Yes, please select a time range (Mon-Friday) that suits the life insured: Morning Early Afternoon Evening (4-6pm)