



PRE-UNDERWRITING GUIDE DIABETES

GENERAL INFORMATION

Agent Name: _____

Client Name: _____

UNDERWRITING QUESTIONS

1. Date of initial diagnosis: _____

2. How often is the client seen by their physician: _____

3. Date of late physician visit: _____

4. What was the most recent blood sugar reading: _____

5. Does client monitor their own blood sugar: Yes No

6. Most recent glycohemoglobin (BhA1C) or fructosamine level: _____

7. How was the diabetes controlled: Diet Only
 Oral Medication *If yes, provide medications & dosages*
 Insulin *If yes, provide amount & units/day*

8. Does your client have/had any of the following: Chest Pain Coronary Artery Disease
 Overweight Retinopathy Hypertension Neuropathy Kidney Disease
 Elvevated Lipids Abnormal ECG Protein in Urine Other *If yes, please provide detail*

Return the completed form to wfphelp@wentworthfp.com

Call us with questions at (855) 757-5433