

DIABETES QUESTIONNAIRE (complete all questions)

Name of primary applicant: _____ ID/SSN: _____

Name of person treated: _____ Relationship to applicant: _____

1. Date diagnosed or date of first symptoms: _____ Blood sugar reading at that time? _____

2. Please indicate type of treatment: _____ Diet _____ Oral medication _____ Insulin

Are you compliant with dietary restrictions and recommended medications? Yes _____ No _____

If no, explain: _____

| Name of Medication | Dosage: | Frequency (i.e., daily, weekly) |
|--------------------|---------|---------------------------------|
|--------------------|---------|---------------------------------|

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3. Have you ever been hospitalized for diabetes or any related conditions? Yes _____ No _____ If yes, provide complete details regarding dates of stay and treatment received: _____

4. How often does your doctor check blood sugar levels _____

How frequently do *you* test your blood sugar? _____ Usual reading? _____

5. Please provide **last 4 fasting blood sugar readings or Hgb A1C readings from your doctor and date of tests:**

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| 6. Any history of: | (Circle one) | |
| Kidney disease | yes | no |
| Recurrent infections | yes | no |
| Circulatory disorders | yes | no |
| Leg or foot ulcers | yes | no |
| Insulin reactions | yes | no |
| Vision problems (Retinopathy) | yes | no |
| Decreased feeling, numbness or tingling in extremities | yes | no |

Please explain any "yes" answers: _____

7. What is your current height? _____ Weight? _____

8. Name and address of treating physician: _____

9. Any other comments? _____

All of the above statements are true, complete and correctly recorded to the best of my knowledge. I understand Anthem Blue Cross and Blue Shield will rely on these statements when determining eligibility.

Signature of person treated (or parent/guardian if under 18)

Date