



**Quick Quoter**  
Clinical Underwriting®

Diabetes

Date: \_\_\_/\_\_\_/\_\_\_

Agent Name	Fax
Address	Phone
City	State Zip

Client's Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

9. Is client receiving treatment or under supervision now?  No  Yes
10. How long has the glycohemoglobin level remained constant?  0-6 mos.  6-12 mos.  12+ mos.
11. Date and result of last blood pressure reading, with or without medication. \_\_\_/\_\_\_/\_\_\_
12. Is cholesterol level below 200?  No  Yes
13. How many times per week does client exercise?  
 None  1  2  3  4  5  6  7  More than 7  
 Type of exercise: \_\_\_\_\_
14. Has either parent, or any sibling, died before age 65, other than by accident?  No  Yes  
 List relationship(s): \_\_\_\_\_ Cause(s): \_\_\_\_\_

ADDITIONAL INFORMATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_