

## DIABETES

Diabetes is the metabolic disorder of elevated blood sugar. In most cases, diabetes is hereditary and consists of two different parts:

- 1 metabolic
- 2 vascular

Diabetes can attack the heart, kidney's, limb's, eyes, etc.

There are typically two classifications of diabetes:

- 1 Non-insulin diabetes (diet controlled)
- 2 Insulin dependent diabetes

NON-INSULIN diabetes usually is adult onset, treated with oral medication; whereas INSULIN diabetes is treated with insulin injection into the body and can be diagnosed at a very young age to an older age.. There are many associated factors that are important to this disease:

- 1 hypertension
- 2 build
- 3 hyperlipidemia (protein)
- 4 heart
- 5 pancreas

Another form of diabetes not too common is GESTATIONAL DIABETES. This occurs during pregnancy and often can become either non-insulin or insulin diabetic after pregnancy is terminated.

There are a few questions you should ask the client when writing business on a diabetic:

- 1 What type of diabetes does the client have;
- 2 When was the diabetes diagnosed;
- 3 Who is the client's physician;
- 4 How often does the client see physician;
- 5 How often does the client test themselves;
- 6 Are there any other impairments known to the client (ie; heart, kidney etc);
- 7 Any parent, sibling have diabetes;
- 8 Are you a smoker;
- 9 What is your build

In determining rate classifications for diabetics, if the client is a non-insulin diabetic, under good control, has been for several years, sees their physician on a regular basis etc, there is a possibility of STANDARD. However, if the client is an insulin diabetic, has been for several years (ie; diagnosed as a child), then there will be a rating of possible Table 4 up depending on age of diagnosis. Please see attached questionnaire.

# DIABETIC QUESTIONNAIRE

Please fax back to IPA at 781 643-2775

NAME \_\_\_\_\_ DOB \_\_\_\_\_

1. Classification: Insulin  Non-Insulin  Diet  Gestational
2. Date diagnosed: \_\_\_\_\_ Age of diagnosis: \_\_\_\_\_
3. Name and address of physician: \_\_\_\_\_  
\_\_\_\_\_
4. Type and dosage of medication currently taking: \_\_\_\_\_
5. Have you had any reactions? \_\_\_\_\_
6. If yes, type and frequency: \_\_\_\_\_
7. Do you test your own blood sugar and urine? \_\_\_\_\_
8. Do you follow diabetic diet and exercise? \_\_\_\_\_
9. When was your last glycohemoglobin test? \_\_\_\_\_
10. Who performed the test and what were the results? \_\_\_\_\_
11. When was your last A1C glycohemoglobin test? \_\_\_\_\_
12. Who preformed the test and what were the results? \_\_\_\_\_
13. Have you ever been told any of the following? (please indicate "yes" or "no")  
Changes in vision  Kidney disease  Hypertension   
Protein in urine  Neuropathy  Laser surgery   
Details to any of the yes answers: \_\_\_\_\_

Agent Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax No: \_\_\_\_\_

Date: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Please circle the associate you work with. Russ, Rhonda, Leo