Worldwide Health Options
Diabetes Mellitus Medical Statement

Bupa

IMPORTANT INFORMATION

Please ask the Doctor who has treated you to complete this form.
Please ensure that you have read and agreed to the Bupa International Data Protection Notice on your application form that sets out how we handle your personal data.

If there is insufficient space for you to complete your answers, please use the Additional Information section overleaf and indicate that you have done so by ticking here ◯

Please return this form to Medical Underwriting, Bupa International, Russell House, Russell Mews, Brighton, BN1 2NR, United Kingdom

1 Applicant's personal details:

Title		First name	
Other initials		Family name	
Date of birth	D D M M Y Y	Membership Number	- -
Date form completed	D D M M Y Y		

2 Please answer the following questions:

1. Please indicate diagnosis.	Pre-diabetes	◯
	Type 1 (insulin-dependent) diabetes mellitus	◯
	Type 2 (non insulin-dependent) diabetes mellitus	◯

2. When was diabetes mellitus (or pre-diabetes) diagnosed?

3. Please give details and name and dose of medications, if any.

4. Please provide the results of the patient's two most recent HbA1c blood tests?

Date of test	D D M M Y Y	Result	
Date of test	D D M M Y Y	Result	

5. Has the patient ever had any of the following:		Y Yes	N No	If you have answered 'Yes', please provide details
a)	**Eye disease (eg, retinopathy, macular edema, cataracts)?**	◯	◯	
b)	**Nephropathy?**	◯	◯	
c)	**Coronary artery disease?**	◯	◯	
d)	**Peripheral vascular disease?**	◯	◯	
e)	**Cerebrovascular disease?**	◯	◯	
f)	**Neuropathy?**	◯	◯	
g)	**Other diabetic complications?**	◯	◯	
h)	**High blood pressure?** *(If yes, please provide details, including last 2 blood pressure readings)*	◯	◯	
i)	**High cholesterol?**	◯	◯	

3 Patient information *(to be completed by attending physician)*

Patient Height		feet/inches	◯	metres/centimetres	◯
Patient Weight		stones/pounds	◯	kilograms	◯

4 Doctor's details

Name	
Address	
Contact Number	

Doctor's Signature	Date

A Additional Information