

EPILEPSY QUESTIONNAIRE

(Question to be answered by the attending physician)

Full name of life to be assured

Proposal number /Application number

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1. Month / Year of diagnosis.

2. What was the time interval between 1st and 2nd seizure?

3. What is the frequency of the attack (_____/years)

What is the time duration between two attacks (_____/days)

4. Date of last seizure

5. Duration of seizure free period since last

6. Was it diagnosed as: (✓) Tick what is applicable.

- a. Grand mal
- b. Petit mal
- c. Focal epilepsy
- d. Tonic-Clonic

7. Was CT scan advised? If yes, please attach report

Yes No

8. Was EEG advised? If yes, please attach the report

Yes No

9. Is the life to be assured still required to take drugs to control the epilepsy? Yes No

If yes, please give details of present drug treatment.

10. Was the life to be assured ever hospitalized for any complication of epilepsy?

(✓) Tick whichever is applicable:

- Trauma (injury)
- Status epilepticus (continuous fits)

If yes, attach hospital discharge card.

11. Is the client gainfully employed?

Yes No

If yes, describe briefly the nature of work.

12. Is the client permitted to drive a vehicle as a part of your day to day activity? Yes No

I declare that the answers I have given are, to the best of my knowledge, true and that I have not withheld any material information that may influence the assessment or acceptance of this application.

I hereby agree that the forgoing questions and answers shall form part of the proposal for insurance made by me to the Company.

Place: _____

Date: _____

Signature of the Life to be Assured / Proposer

Signature of the Medical Examiner / Code No.