

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.